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MARYLAND PHARMACEUTICAL
ASSOCIATION
1882

the maryland pharmacist

Editorial:

State Legislation 1971
Board of Pharmacy Changes
Commission on Pharmacy Discipline
Relicensure on Continuing Education

Pharmacy Power

by Nathan I. Gruz

Discounting and Pharmacy Management

by Richard Schott

Volume 47 JANUARY 1971 Number 1

6

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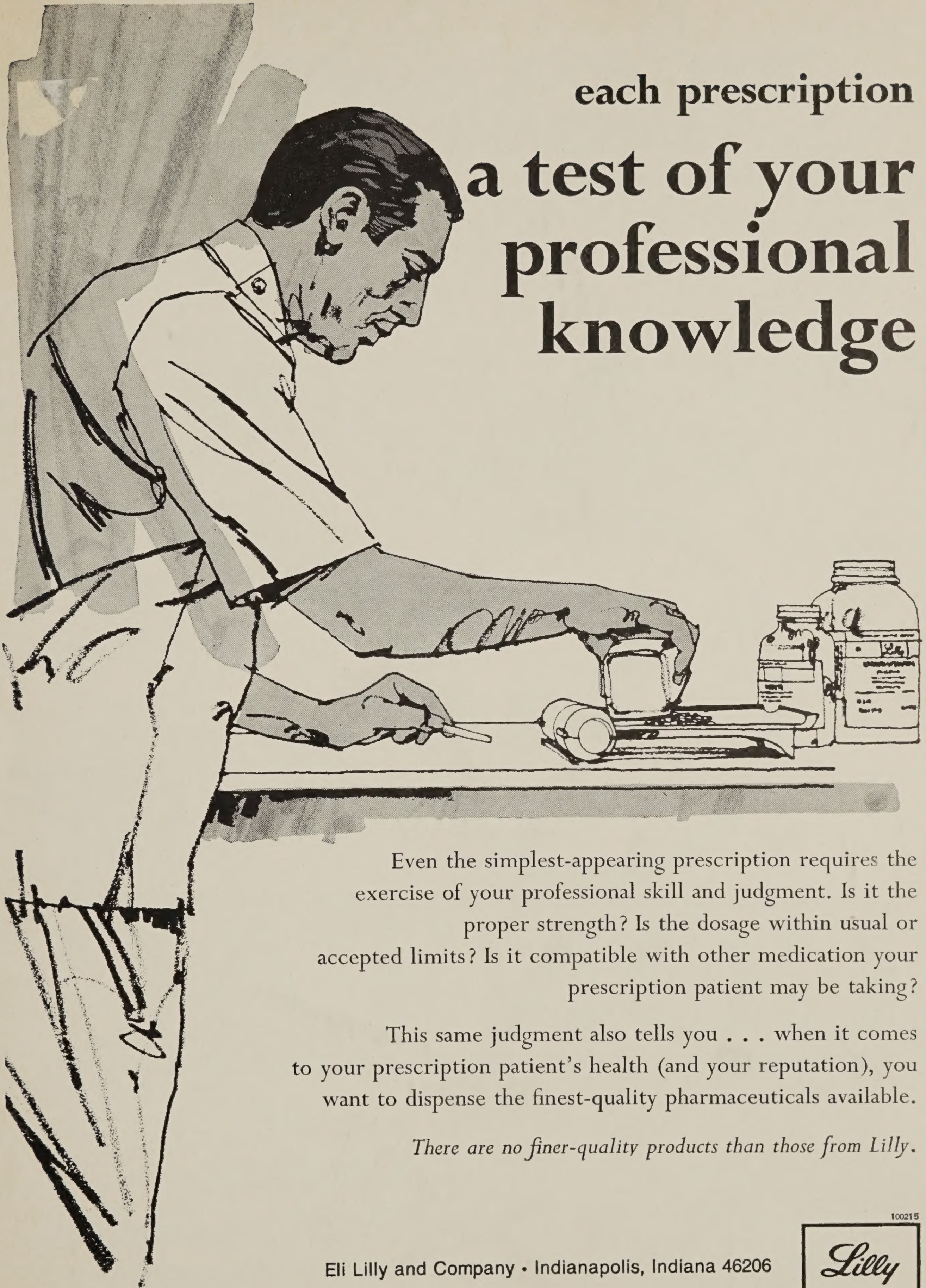

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The Maryland Pharmacist

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BALTIMORE, MARYLAND 21201

VOLUME 47 JANUARY 1971 NUMBER 1

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Editorial . . .

State Legislation 1971
Board of Pharmacy Changes
Commission on Pharmacy Discipline
Relicensure on Continuing Education

There are several legislative proposals which have been endorsed by the Maryland Pharmaceutical Association. First, we will again propose that the Maryland Board of Pharmacy be expanded from five to seven members. The present geographical restrictions requiring two members to reside in the counties, two in Baltimore City, with one from either area, will be eliminated.

The declining number of pharmacists residing in Baltimore City unduly restrict the eligibility of qualified pharmacists to serve on the Board of Pharmacy. It is important that vacancies be filled using the entire state as the basis for selection, although it would certainly be advisable to have representation from as many areas as possible. Enlargement of the Board will enable more facets of pharmacy to be represented. Every attempt should be made to include pharmacists from community, hospital and other kinds of practice. Ideally, proprietor, managerial and salaried pharmacists should be included.

The second bill is a "Commission on Pharmacy Discipline," modelled after the "Commission on Medical Discipline" initiated by the State Medical Society and enacted in 1969. It would provide for greater participation by the profession of pharmacy in disciplinary procedures. The Commission would be made up of representatives of the Maryland Pharmaceutical Association, the Maryland Board of Pharmacy and pharmacists appointed by the Governor.

The Maryland Pharmaceutical Association would have a role in the disciplinary process by referral of cases by the Commission for investigation and report, by initiating action and by recommending actions to the Commission.

The Commission would be able to act on violations of a code of unprofessional conduct. Its actions would be guided by the legal safeguards afforded all persons under the Administrative Procedures Act, with the right of appeal. Such a commission by involving the entire profession, through the state professional society, with the authority required to act would be a giant step in curbing the "bad apples" present in every group.

Certainly every pharmacist would prefer to be judged by his own peers who are expert in the unique problems of the practice of pharmacy, rather than find himself suddenly before a judge and jury unfamiliar with his profession. In other words, by setting and maintaining high ethical and professional standards, pharmacy can truly serve the public interest and the health needs of all real self-policing is the mark of a profession.

The third proposal involves the need for every practitioner to constantly maintain a current state of knowledge. Changes, innovations and scientific and professional breakthroughs require each health professional to participate in meaningful organized and supervised continuing education.

The proposal of the Maryland Pharmaceutical Association is to require that relicensure (reregistration) be contingent upon reexamination by the Board of Pharmacy periodically or by presentation of proof of completion of suitable continuing education. The criteria for this continuing education would be developed by a tripartite committee composed of representatives of the University of Maryland School of Pharmacy, Board of Pharmacy and Maryland Pharmaceutical Association.

Surely, there will be differences of opinion about these proposals. As the details become available, we hope that thorough discussion will convince the large majority of the soundness of these legislative remedies.

If the profession of pharmacy does not take the initiative in developing the legislative framework to assure the public of the best possible pharmaceutical service, others will. Let *us* act before others act for us.

Nathan I. Gruz

Baltimore Veteran Druggists' Association Installs New Officers

The Baltimore Veteran Druggists' Association held its 355th meeting on January 20, 1971 at the University of Maryland Hospital. Installed as officers for the coming year were: Carl Caplan, President; Paul Gaver, 1st Vice-President; Albert Rosenfeld, 2nd Vice-President and Dr. Benjamin F. Allen, Secretary-Treasurer.

The Association was first organized in 1926 and has been meeting regularly since that time.

PHARMACY CALENDAR

March 7—AZO Fraternity, Joint Dinner Meeting with Auxiliary, Martin's West.

March 11—School of Pharmacy Alumni Association Dinner Meeting, Eudowood Gardens.

March 21-27—Poison Prevention Week.

March 27-April 2—APhA Annual Meeting, San Francisco, California.

May 16-17—MPhA Annual Convention, Hunt Valley Inn.

May 26—School of Pharmacy Alumni Association Annual Meeting.

June 2—School of Pharmacy Annual Alumni Banquet in Honor of Graduates.

June 5—School of Pharmacy Commencement Exercises.

June 11-13—6th Annual MSHP Hospital Pharmacy Seminar, Ocean City, Md.

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University of Maryland School of Pharmacy

Alumni Association

Nominations open for Honored Alumnus

All alumni of the University of Maryland School of Pharmacy are invited to submit nominees for consideration for the Alumni Association *Honored Alumnus Award* for 1971. Most recent honorees are: Frank Block, Dean Warren Weaver, H. Nelson Warfield, Alexander J. Ogrinz, Jr., Dean George P. Hager, and Francis S. Balassone.

Please submit names and supporting information by March 15 to Nathan I. Gruz, Chairman, 650 W. Lombard St., Baltimore, Maryland 21201. The Annual Alumni Dinner Meeting will be held March 11, 1971 at Eudowood Gardens.

Handbook of Non-Prescription Drugs (APhA) 1969-1970 Edition

A limited number of the 1969-1970 APhA Handbook of Non-Prescription Drugs are available at a special price of $2.50 (regular price $5.00) from Mr. Henry Seidman, Office of Continuing Education, Room 104, University of Maryland School of Pharmacy, 636 W. Lombard St., Baltimore, Maryland 21201.

Vitamin C and the Common Cold

The claims made recently by Dr. Linus Pauling on the benefits of vitamin C in preventing and relieving the common cold must be questioned for the time being until a large scale, controlled trial is conducted. This study must be conducted over a long period and include many hundreds of persons to give meaningful results. No such study has been performed.

According to the December 25 issue of *The Medical Letter*, (Vol. 12, No. 26), vitamin C in large doses can have adverse effects, Professor Pauling recommends doses as high as 15 Gm. daily for the treatment of colds. When 4 to 12 Gm. of vitamin C are taken daily for acidification of the urine, however, as in the management of some chronic urinary tract infections, precipitation of urate and cystine stones in the urinary tract can occur. Very large doses of vitamin C, therefore, should be avoided in patients with a tendency to gout, to formation of urate stones, or to cystinuria. Nor can the possibility of other adverse effects of very large doses be excluded.

It should also be noted that the ingestion of large amounts of vitamin C and its excretion in the urine make the results obtained with "dip" and Testape tests for sugar in the urine unreliable.

The article goes on to conclude "in the absence of convincing evidence of its effectiveness and safety, *The Medical Letter* does not recommend the use of large doses of vitamin C for the prevention or treatment of the common cold."

University of Maryland to Conduct Test on Vitamin C Effectiveness

The University of Maryland will soon begin one of the first definitive tests in this country on whether vitamin C is effective in preventing the common cold. The test will be conducted by the school's infectious disease research unit at the Maryland House of Corrections in Jessup. A total of 40 prisoner-volunteers will participate in the test. Twenty men will receive 4 Gm. of ascorbic acid daily for one month while a control group will receive placebos for the one-month period. At the end of the second week all of the subjects will be injected with live cold viruses. Their conditions will be monitored closely during the final two weeks.

Results of the double-blind study will not be known for three or four months as additional tests will be conducted after the four-week period. The test is being sponsored by the Hoffman-LaRoche Pharmaceutical Company.

Morgenroth to Participate in ACA Management Conference

The Third Annual American College of Apothecaries Management Conference will be held February 19 to 21 in Fort Worth, Texas. Victor H. Morgenroth, Jr., FACA, and past-president of MPhA, will moderate a workshop session along with M. Donald Pritchard, FACA, Buffalo, N.Y., Joseph G. King, FACA, Chattanooga, Tenn., and Casimir H. Srutwa, FACA, Scottsdale Arizona.

Included among the other sessions will be the following presentations: "The Pharmacist and The Computer in the 70's, Robert E. Abrams, FACA, President PAID Prescriptions and "The Formulary and Pharmacist Legal Liability," Robert F. Steeves, Attorney at Law.

Other presentations include: "Think Before You Sign," Dr. M. M. Wolfred, FACA, Beverly Hills, California and "Profitable Physician Communication: Workshop and Action Plan," John T. Fay, V.P. and Director of Professional Relations of McKesson and Robbins Drug Company.

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4. **A professional planning and remodeling service** within our organization which includes complete service in floor design, fixture and installation.
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7. **A financial service consultant** to service you on request.
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11. **Professional advertising and promotional assistance.** Our specialists in this area now provide on-going advertising and promotional programs for many of our customers and are available to assist you in this increasingly important area of your operation. With complete stocks and complete lines of merchandise provided with it, we are well qualified to provide the services required to nail down the profit dollars which you need and deserve from your business.

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Maryland Board of Pharmacy News

Pharmacy Changes . . .

The following are the pharmacy changes of the month of December:

New Pharmacies

Drug Fair No. 132, Milton L. Elsberg, President, Route 2 and 402, P.O. Box 356, Prince Frederick, Maryland 20678.

Peoples Service Drug Store, Inc. No. 277, W. E. Pannill, President, 7050 Allentown Road, Camp Springs, Maryland 20031.

Peoples Service Drug Store, Inc. No. 296, W. E. Pannill, President, 5560 Norbeck Road, Rockville, Maryland 20853.

Sentry Drug Center, Philip Bogash, President, 140 Village Shopping Center, Westminster, Maryland 21157.

Pride Pharmacy, Samuel Adams, President, 2305 East Chase Street, Baltimore, Maryland 21213.

No Longer Operating As Pharmacies

William Rossberg Pharmacy, John T. Meeth, President, 3255 Frederick Avenue, Baltimore, Maryland 21229.

Model Drug Store, Nathan Cohen, 1828 East Baltimore Street, Baltimore, Maryland 21231.

Waldorf Drug Company, Inc., Harry B. Rosenstein, President, P.O. Box 65, Waldorf, Maryland 20601.

Changes Of Address, Ownership, Etc.

Eakles Pharmacy, Leon R. Catlett, President, Holiday Acres, Route 2, Smithsburg, Maryland 21783.

Patterson Park Pharmacy, Inc., Bernard F. Macek, President, 2245 Eastern Avenue, Baltimore, Maryland 21231.

Provident Hospital—Pharmacy, George L. Russell, Jr., President, 2600 Liberty Heights Avenue, Baltimore, Maryland 21215.

Sale of Needles and Syringes

Mr. F. S. Balassone, Chief of the Division of Drug Control, Maryland Department of Health and Mental Hygiene, has announced the following regulation governing the sale of needles and syringes.

REGULATION 43C08 GOVERNING THE SALE OF NEEDLES AND SYRINGES OR OTHER PARAPHERNALIA.

The following regulation adopted December 11, 1970 became effective December 21, 1970.

The sale of needles and syringes or other paraphernalia shall be made by the pharmacist only in good faith to patients showing proper identification and indication of need. Such record of sales shall be recorded in a Registry to be established for this purpose which shall contain the purchaser's name and address, date of sale, item and quantity sold and the signature of the pharmacist.

Milton L. Elsberg Named Chairman of D.C. Savings Bond Committee

Mliton L. Elsberg, President of Drug Fair, was appointed volunteer Chairman of the District of Columbia Savings Bonds Committee by Secretary of the Treasury David M. Kennedy.

Mr. Elsberg will head a committee of District business, financial, labor, and governmental leaders which—working with the U. S. Savings Bonds Division—assists in promoting the sale of Savings Bonds. He also continues as a member of the U. S. Industrial Payroll Savings Committee.

The Baltimore native came to Washington in 1935, working as a pharmacist. In 1938 he and a partner, Robert Gerber opened the first Drug Fair. The drug department store chain has since grown to more than 120 outlets.

He is a member of the Executive Committee of the Board of Directors, Riggs National Bank; the Washington Board of Trade, Washington Board of Realtors, Inc.; National Association of Real Estate Boards, and member of the Boards of Directors, Brand Names Foundation, Inc., and of the National Association of Chain Drug Stores.

Mr. Elsberg, also serves as trustee, Boys' Club of Greater Washington; member of the Board of Trustees, United Jewish Appeal of Greater Washington; and member, Board of Directors, United Givers Fund. He is a member of the President's Council of Brandeis University, Waltham, Massachusetts.

He has received the Washington Advertising Club Award of Achievement and the Brand Name Retailers of the Year Award for Chains in the United States and Canada and was named "American Marketing Man of the Year" by the American Marketing Association.

Mr. Elsberg graduated from the University of Maryland, School of Pharmacy in 1932 and is a member of the Maryland Pharmaceutical Association.

He and his wife, the former Rita Kahn of New York City, have one son and one grandchild. The Elsbergs reside in Washington.

Cigarette Packs Carry New Warning

By Act of Congress, the following statement must be placed on all cigarettes manufactured for sale in the United States on or after November 1, 1970. *Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health.* The American Pharmaceutical Association as well as several state associations have urged their members to discontinue the sale of cigarettes.

While this action is an important factor in controlling cigarette-caused diseases, pharmacists have a positive contribution to offer in the form of public education regarding the hazards of smoking.

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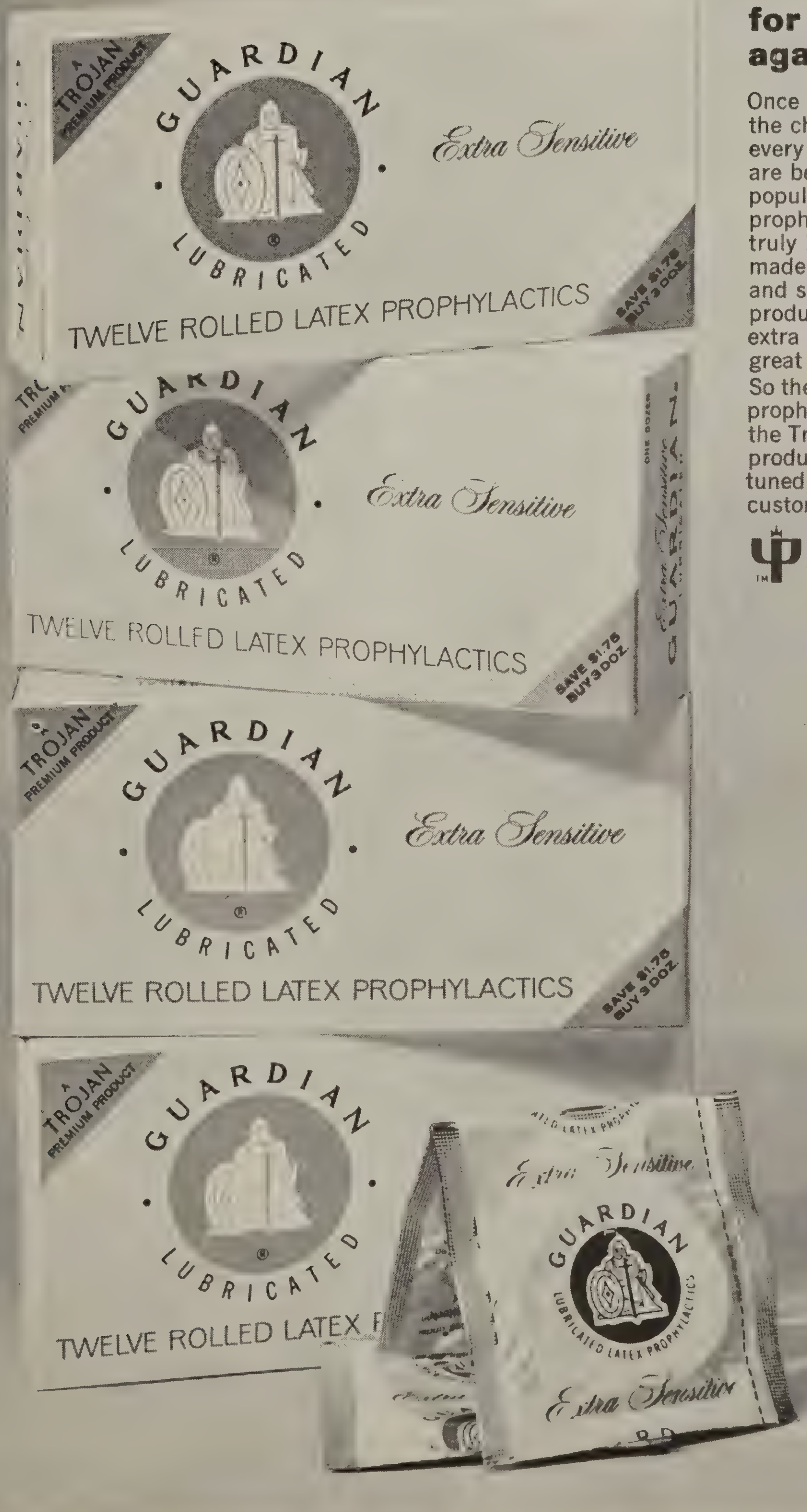

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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists Meeting of January 14, 1971

The January 14th meeting was held at Mercy Hospital in Baltimore. A dinner was served at 6 P.M. Dr. Joseph A. Mead, Chief of Ambulatory Services and Acting Chief of Medicine at Mercy Hospital, presented a talk entitled "Hospital Based Group Practice." Dr. Mead described a program of health care in which private physicians devote part of their time in seeing service patients in a hospital clinic.

Robert Snyder noted that the Society was proceeding with the printing of the "Suggested Guidelines and Principles for the Practice of Pharmacy in Hospitals" and that the Maryland Pharmaceutical Association had voted to contribute $100.00 towards the expense involved in the printing and distribution.

Mr. Snyder announced that the recipient of the W. Arthur Purdum Award will be selected by the Board of Directors this year but hereafter the recipient will be chosen by a committee consisting of former award winners.

A statement on drug dispensing and drug administration drafted by Pat Birmingham and the Nursing Liaison Committee is under review by the Board of Directors.

Robert Snyder reported for June Shaw on upcoming programs. Sam Lichter described the program for the Swain Pharmacy Seminar. The February meeting of the MSHP will be held following the Swain Seminar at Good Samaritan Hospital on February 11th.

The March meeting, sponsored by Roerig, will be held at the North Arundel Hospital. David Nurco, Commissioner of the State of Maryland Drug Abuse Authority, will be our speaker. This meeting will also be the Annual meeting as prescribed in the MSHP By-Laws. The April meeting will be a joint meeting with the D.C. Society at the Schraft's Colony Motor Lodge. The program for this meeting is still being planned.

Mary Connelly reported on the Medicaid meeting of the MPhA. The MPhA wants the state to accept *Red Book* cost of ingredients on Medicaid prescriptions. The Committee anticipates an increase on July 1st of the Medicaid Fee from $1.75 to $1.85 and a minimum reimbursement of $1.00 for OTC prescriptions.

Robert Snyder announced that he was going to submit Dr. Peter P. Lamy's name in nomination to the Board of Directors of the American Society of Hospital Pharmacists. A motion was made and seconded that the nomination of Dr. Lamy, which will be submitted by Robert Snyder to the ASHP, has the endorsement of the MSHP.

The following names were approved for membership in the Society: Ronald C. Telak, Pharmacist at Maryland General; Cal Myer with Beecham Laboratories; Clay Sisk, Chief of Pharmacy at National Institute of Health; and Douglas Campbell, student at the Philadelphia College of Pharmacy and Science, Class of '73.

Robert Snyder announced the following committee appointments. Howard Sherman and Alan Jaskulski will be co-chairmen of the membership committee. Steven Cohen will replace Murray Ginsberg as representative to the Health Careers Committee of the Maryland Hospital Association Council on Research and Education. Dr. Peter P. Lamy will be chairman of the nominating committee. Also serving on the committee will be Harry Hamet and Frank Kratz.

Kent Johnson reported that there had not yet been any final decision on the threatened closing of the USPHS Hospital at Wyman Park but a decision would probably be made before February 1st. He asked that the Society send an official letter to the Department of Health, Education and Welfare stating that it recognizes the many accomplishments of this hospital over the past years and that it strongly recommends not closing this hospital. A motion to this effect was made and seconded.

Mary Connelly introduced her Associate Administrator, Mr. Albert Gilbert and her pharmacy staff. Robert Snyder thanked Mary Connelly for hosting the meeting and thanked The Upjohn Company for sponsoring the meeting. The meeting adjourned at 8:30 P.M.

Three New Systems Introduced For Hospitals

Under a new program aimed at developing products and services for hospitals, Bristol Laboratories has recently introduced three new systems for hospital use. The first, the "Bristol Emergency Medication System" (BEMS) features a pre-filled disposable syringe and needle which speeds the administration of various emergency medications. The second, the "Aspirite System" provides a completely disposable collection system which can replace glass bottles now used for body fluids in aspirating procedures.

Bac-Data, a third new system, supplies participating hospitals with computerized data on disease-causing organisms and on the antibiotics to which they are susceptible.

Bristol Laboratories, a division of Bristol-Myers Company, since 1943 has pioneered in the development of antibiotics and other prescription products, particularly the semisynthetic penicillins.

In explaining the move into a new area of business, Frank Kilpatrick, Executive Vice President, said that "although we have long been identified with the development of pharmaceutical specialties, we now see a great need for many new non-pharmaceutical products, services, and devices to improve health care and reduce hospital costs. With the introduction of these three new systems and in view of our past experience in hospitals, we feel we can make a major contribution to the future health care delivery system in hospitals."

Mr. Kilpatrick went on to say that in test-marketing the Bristoject disposable syringe, the company has found that nurses almost universally applaud the saving in time it provides in medical emergencies.

Bristol sales representatives are presently giving 24-hour-in-service advance training to operating and emergency room nurses in all hospitals where BEMS is being adopted. This program insures that all nurses will be thoroughly familiar with the procedure of quickly assembling the simple two-part syringe in emergency situations.

Until now, the filing off the tops of ampules and drawing of solutions into syringes was a time-consuming and sometimes frustrating experience. In emergencies physicians seek to minimize time loss. Administering injections immediately to avoid possible brain damage or other medical problems that can worsen with each passing second. With the Bristoject syringe, several injectable solutions can be prepared in 10 to 15 seconds. The nurse, relieved of that job, can then better utilize her time in helping the physician care for the patient.

Mr. Kilpatrick pointed out that the medications used in the pre-filled Bristoject syringes have been available for many years. The advantage of the system is not in the medications, but in the device which can deliver them so much faster, and in larger pre-filled sizes. For instance, aminophylline has a well established use in treating acute asthma attacks; the cardiac stimulants calcium chloride and epinephrine are injected directly into the heart with Bristoject's long needle; and sodium bicarbonate is injected in large amounts to overcome acidosis in cardiac arrest. Other drugs presently available in the Bristoject syringe include licodaine HCL and dextrose.

Accurate Penicillin Allergy Test Developed

New York University scientists have developed an inexpensive, simple 15-minute skin test that is virtually 100 per cent accurate in the detection of penicillin allergy. Routine use of the test in the United States—once approved by the FDA—could prevent at least 600 deaths a year from anaphylaxis, an immediate allergic reaction to penicillin involving shock, cardiac arrest and convulsions.

The test, known as the BPL-MDM test (benzylpenialloylpolylsine and minor determinant mixture) involves injecting a small amount of allergen under the skin of the arm. If the test is positive, the patient's skin develops the characteristic "wheal and flare"—a swollen, reddened area. According to Dr. Bernard Levine, associate professor of medicine at New York University, penicillin skin tests in current use are not 100 per cent reliable and in some cases the use of even small amounts of penicillin to perform the skin test caused either a bad reaction in the patients or sensitized them to a subsequent, potentially dangerous dose. Instead of using penicillin for testing, Dr. Levine uses products of the breakdown of penicillin or "artificial" allergens.

Paul LeSage to Receive W. Arthur Purdum Award

Paul LeSage, Chief of Pharmacy at the United States Public Health Service Hospital in San Francisco, has been named recipient of the second annual W. Arthur Purdum Award. The announcement was made by Samuel Lichter, Chairman of the Board of Directors of the Maryland Society of Hospital Pharmacists. The award is named in honor of Maryland's pioneer in the development of hospital pharmacy practice, and an early leader and Past-President in the American Society of Hospital Pharmacists. The W. Arthur Purdum Award is presented on an annual basis to the person who has made the most significant or sustained contribution to hospital pharmacy in Maryland.

Mr. LeSage received his Bachelor of Science degree from the Massachusetts College of Pharmacy in 1954. He completed his residency in hospital pharmacy at the United States Public Health Service Hospital in New Orleans in 1955. Since that time he has served as Chief of Pharmacy at USPHS hospitals in Savannah, Georgia; Seattle, Washington; Perry Point, Md.; and more recently in Baltimore from 1965 to 1970. He is a former Lecturer in Hospital Pharmacy at the University of Maryland School of Pharmacy where he was appointed Clinical Assistant Professor of Pharmacy in 1969. Mr. LeSage holds membership in the American Pharmaceutical Association, American Society of Hospital Pharmacists, the Clinical Society of the United States Public Health Service, the United States Public Health Service Commissioned Officer's Association and is a Past-President of the Maryland Society of Hospital Pharmacists.

The award will be made at the 6th Annual Hospital Pharmacy Seminar of the Maryland Society of Hospital Pharmacists, June 11-13, 1970 in Ocean City, Maryland.

"PHARMACY POWER"

by NATHAN I. GRUZ,
Executive Director
Maryland Pharmaceutical Association

Presented at the Student American
Pharmaceutical Association —
Region II Convention,
Pittsburgh, Pennsylvania, November 7, 1970

Of all the varied aspects of the vocation of state pharmaceutical association executive, the most rewarding and personally gratifying, for me has always been working with the young people preparing for the profession—the pharmacy students.

When pharmacists gather together, or as they proceed in their individual practice or employment, they are not permitted to forget the many problems and frustrations that seem to be inherent in pursuing the profession of pharmacy. I, too, am sometimes depressed by some of the problems which appear to be insolvable.

But I am, basically, an optimist and hopefully try to be a realistic pragmatist. In fact, I believe it is impossible to pursue a career in pharmaceutical association management, and in the leadership of a profession without an essentially optimistic, idealistic and positive outlook. After all, pharmacy is an integral part of life—an essential element of service to society.

Problems are a part of life and are the challenges we must address ourselves to if life is to be stimulating and satisfying. Problems then, are of course, really opportunities for us to exercise our initiative imagination and innovative talents in the process of life which characteristically differentiates us from other species as *Homo Sapiens.*

Your program indicates that you are addressing yourselves to some of the vital issues facing pharmacy today, such as:

> Collective Bargaining; National Health Insurance; Recruitment; Drug Abuse Education; Affiliation; State Boards; Anti-Substitution Laws; and Education

Many more could be added, including third-party prescription plans, supportive personnel (or technicians,) APhA-NARD Relations and so forth.

I could speak of the crucial role pharmacy students can and should play in pharmaceutical association programs. In fact, we in the Maryland Pharmaceutical Association have appointed students to our committees; they have participated in our annual meetings and they have voting representation in our House of Delegates, just established two weeks ago. The students' input has been welcomed and has been valuable and constructive.

We earnestly hope students will be able to extend their participation in association activities. For example, we feel they can be an unequalled factor in membership recruitment which will be expanded in the coming weeks following the final vote of MPhA on affiliation with the APhA. A preliminary mail ballot now in progress shows 173 for affiliation and 33 against. This is one of the most encouraging developments for pharmacy in Maryland. We hope that adoption and implementation of affiliation as the sixteenth state, will launch Maryland pharmacists into a strong posture for progress which will benefit not only pharmacy but the public health and welfare as well.

But, what I see as most critical for pharmacy today is to look at both the broad picture of pharmacy at present and its long range prospects. What can be done about current trends? Where is pharmacy going? How can pharmacists influence the nature of the emerging new profession of pharmacy which will result? How can pharmacists play a significant role in the control of the profession of pharmacy and of the varied systems of delivering pharmaceutical services? What should the responsibilities of a pharmacist encompass as to pharmaceutical products and services in the areas of research, development, distribution, dispensing, clinical pharmacy practice, public health, drug abuse, poison control, health education and information? What are their responsibilities in governmental, legislative, political, civic and cultural levels of our society? All these facets must be considered as they impinge on both the private and public sectors of our country.

And finally, we come to what is to me the key issue which explodes out of all my preceding remarks this evening.

The body of students who are in the pharmacy schools of America today can go a long way toward creating the kind of profession that they believe is best for the profession and the public, within a period of three to five years!

Let me repeat this statement:

The body of students who are in the pharmacy schools of America today can go a long way toward creating the kind of profession that they believe is best for the profession and the public, within a period of three to five years! How? Not by the wave of a magic wand or wishful thinking.

It can be done by commitment to certain goals and by a measure of selflessness and temporary sacrifice. The desire for immediate temporary financial gain, greed and short-sighted self-interest are the enemies of what I will present for your consideration.

My premise is that the young pharmacist today has the rare opportunity for choosing the kind of pharmaceutical career he prefers.

If a pharmacist is really committed to working as a full time health professional in a health oriented environment, he can do so today. At times this may require some additional formal academic education or training, which can be achieved with little sacrifice by the pharmacist truly anxious and motivated to be part of the "health team."

Employment as a pharmacy student, intern or pharmacist on the basis of "temporary" expediency or because of any unprofessional considerations, in an establishment exploiting the profession, places the pharmacist in an untenable position in seeking a place in the sun along side the physician, dentist and other health professionals.

On what tenable basis can such pharmacists continue to complain about the difference in law and in status between the pharmacist and these other professionals?

In other words, if you accept a position in an establishment that is using pharmacy merely as an umbrella of respectability to trade on the health-associated public interest image of pharmacy, or to serve as bait for the sale of merchandise, you are selling your pharmacist's license to be exploited.

Some pharmacists have rationalized this action on the basis of temporary employment to get experience and learn how the commercially successful entrepeneur or firm operates. Many in confessions to me have lived to regret the effects of the monster they have helped to create.

A three to five year period of commitment, such as I suggest, by pharmacy students, interns, and pharmacists as they graduate beginning in 1971 can transform pharmacy.

Yes, it may mean that some would have to turn down alluring offers and some might have to turn temporarily to other fields. Some would have to alter the timetables they have set up for themselves.

In summary, you can begin today to make decisions and to be involved in the kind of pharmacy practice which either:

1) Furthers pharmacy as a health profession devoted to more effectively bringing pharmaceutical services and health care of the highest possible standards to all our citizens, as an integral part of the delivery of health service:
or the kind that

2) facilitates the survival or expansion of a minimal kind of a "count and pour" prescription dispensing in which the pharmacist is an impersonal computer, an easily replaceable technician, available to any investor desiring to use the pharmacist as a tool for loss leader promotions.

The decision is yours. You and your colleagues in the colleges of pharmacy can be the vanguard influencing many pharmacists already in practice.

The alternative will be the domination of pharmacists (outside of hospitals) by a concentration of power in the hands of a few faceless conglomerate entities who are dedicated first and foremost to the interest and demands of their stockholders.

Whether I have indulged in a useless, time-wasting fantasy is up to you. You can dismiss these thoughts as many of your predecessors have relegated similar ideas to the garbage dump of impractical dreams.

On the other hand, you have it within your power to be the vanguard—*the leaders*—for *pharmacist power* in retrieving pharmacy from subordination, by the outside forces of the "Big"—"Big Government," "Big Industry," "Big Labor," "Big Medicine," and now "Big Consumerism." "Pharmacist Power," coordinated and strengthened to forge a unified organizational structure of federated local and state pharmaceutical societies linked to the American Pharmaceutical Association, can only result in a golden age of pharmacy in America, an era of a profession of pharmacy universally recognized as superbly educated and trained to serve the public in the community, the hospital, the health center and in every facility organized to deliver health care.

Our goal of all pharmaceutical services and products provided only under the control and supervision of pharmacists would then be achieved. No private or governmental agency would then be involved in any activity or decision-making, pertaining to pharmacy or drugs, without the input and significant participation by the profession of pharmacy in services, health planning information, education, legislation or law enforcement.

You can be the creative catalysts and the innovators for a new era to retrieve and advance pharmacy—or you can add yourselves to a legion of pharmacists, much too large, who have and are now debasing and destroying a free profession.

Your actions in the days ahead—not your words—will spell out the picture of pharmacy we will see in the year 1975.

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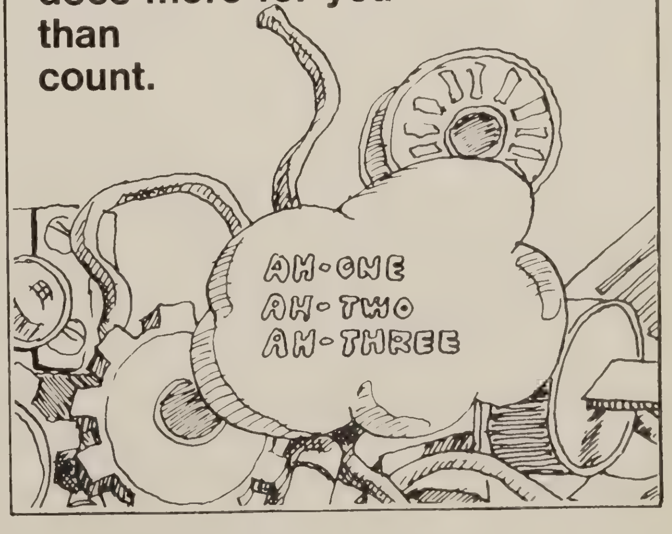

Washington Spotlight For Pharmacists by APhA Legal Division

Physician Held Liable for Patients Amphetamine Addiction

Three men who allegedly suffered complete loss of earning capacity as a result of becoming addicted to amphetamines have been awarded a total of $435,000 by a California jury.

The patients were treated for tension, arising from business pressures over a five year period, with injections of what they said were described to them as vitamins plus a relaxant. They contended that the injections were actually amphetamines of various kinds. The patients claimed that as a result of this treatment, they became addicted to the amphetamines to the extent that they could no longer carry on their business.

Complaint to Grievance Committee of Professional Association is Privileged

A complaint to a bar association grievance committee containing libelous statements was held to be a privileged communication. A suit against the complaining party was dismissed by the court on the basis that the privileged status of communications made during the course of a judicial proceeding applies with equal force in proceedings before a grievance committee. The court pointed out that the professional conduct of attorneys is a matter of great importance to the public and that the power of the bar association to discipline members of the bar for misconduct is necessary. The court held that members of the public have a right to make complaints against attorneys and that such complaints cannot constitute the basis for a civil action in libel or slander.

It would appear from this decision that a pharmacist who files a complaint with a disciplinary board at the local, state or national level would not be vulnerable to potential liability for libel or slander, provided that the complaint is made in good faith and in accordance with the procedures established by the disciplinary body involved.

Thalidomide Settlement—$30 Million

The principal thalidomide damage suit has finally ended after a trial of 2½ years. The compromise settlement calls for a payment of $27 million plus interest to the 2,000 surviving West German children with thalidomide deformities. $1.1 million will be paid to 800 adults who suffered nervous disorders because of the drug and an additional $1.6 million was assessed against the drug manufacturer for court costs.

The West German court declined to hand down any formal verdict against five employees of the firm charged with causing bodily harm through neglect and intent, negligent homicide and violation of West Germany's drug law.

Personal Financial Planning For The Pharmacist

Personal financial planning should take into account the years after retirement. The community pharmacist must consider his personal financial planning needs as well as the need to hire and retain qualified professional pharmacists. The employed pharmacist must consider his personal need to build a sound retirement plan. In many cases, these needs are intertwined and should be considered as one.

For the past three years, the Maryland Pharmaceutical Association has made available to its members a pension/retirement plan implemented through the facilities of Pension and Investment Associates of America, Inc. (P.I.A.A.).

P.I.A.A. has advised us that recent changes in Internal Revenue Regulations have greatly increased the flexibility of design available in the establishment of tax-qualified pension plans. These changes reflect IRS awareness that the small businessman and self-employed professional have been the "forgotten man" in previous pension regulations.

The new regulations make available the use of "Master prototypes." This permits an organization such as Bankers National Life Insurance Company, which implements our program through its affiliate, Pension and Investment Associates of America, Inc., to file basic prototype plans with IRS. The filing of these plans makes available to you as an individual member greater flexibility in the design and installation of your own pension program. These prototypes are especially suited for members who operate as sole proprietors . . . partnerships . . . or corporations. They greatly reduce the burden of initial costs involved in the establishment of a tax-qualified pension plan.

In our endeavor to offer you sound association programming, we are providing the services of Pension and Investment Associates of America, Inc. (P.I.A.A.). P.I.A.A. representatives shortly will be contacting you to explain the impact of these new Internal Revenue Regulations. Regardless of whether you are self-employed . . . a sole proprietor . . . a partnership . . . or a corporation, these new regulatory changes can be important to you. When you are contacted by a P.I.A.A. representative, we suggest that you give him an opportunity to explain the benefits which are available, and to discuss your needs and design a plan for your consideration.

If you require further information or an immediate appointment, contact Mr. David S. Rosenberg, Pension and Investment Associates of America, 2000 Spruce Street, Trenton, New Jersey 08639 (609-883-0696).

Illegal Sale of Amphetamines by Osteopaths

A federal appellate court upheld the conviction of two osteopaths who sold 5,000 amphetamines to former patients. The tablets were purchased by former patients engaged in horse racing, for use in treating the horses.

The court noted that while osteopaths can legally prescribe stimulant drugs to their patients, it was absurd to argue that the sale of the tablets for use as "horse medication" was within the authorized handling of stimulant drugs for an osteopath.

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Discounting and Pharmacy Management

by **RICHARD SCHOTT, M.B.S.,**
Executive Vice-President,
Merchants Buying Syndicate, Inc., New York

Presented on November 19, 1970 at the Simon Solomon Pharmacy Economics Seminar, Warren House, Pikesville, Maryland.

The discounters today are actually the largest retail force in America. In footage alone in 1970, the discount industry is projected to have 276 million square feet of selling space. This footage is a gain of over 13% over 1969. In 1970, the discount industry will be represented by over 4,000 retail units which is actually almost 400 retail units more than in 1969. The approximate annual sales of the discount industry, projected for 1970, are a staggering 22 billion dollars.

In the area of drugs and cosmetics, the discounter has managed to make tremendous inroads. As an example, 82% of the drug and cosmetics departments are operated by stores themselves with only 12% leased.

In the area of pharmacy operations, roughly 12% of the discounters have pharmacy departments. It is interesting to note that the index of incidence of the drugs and cosmetics departments is 82% while the pharmacies index is only 12%.

This type of statistic may be encouraging to some of you as it shows that the one area that the discounter has found difficult to capture is the pharmacy department.

You should know your competitor better. The average drug and toiletry department in the discount store today is approximately 2,000 square feet. It has an annual turnover of 4.7 times, an initial mark up of 28% and a maintained margin of 24%.

Just what are the discounters doing this year in their drug, health and beauty aids department? Their first concern this year, the year of consolidation, is focusing their efforts on tighter and more profitable departments by eliminating slower moving categories and adding hot new categories, such as feminine hygiene lines, hair coloring lines, men's personal grooming aids, as well as ladies' personal care products such as hair curlers, cosmetic mirrors, etc.

Their next approach in 1970 has been in the merchandising swing to larger and professional sizes to compete with the supermarkets, as well as the addition of franchise cosmetics which up until now were unavailable to the chains, but slowly are being opened and accepted by the chains because of the additional prestige and dollars that they contribute.

The discounter will continue to be a formidable competitor to your daily business and the time has come for you, the independent, to take cognizance of this fact and begin, if you have not done so as yet, to take action for survival. I think that I should also bring into focus the competitive role that is played by the chain drug operators today. It is the prediction of many experts that the large drug chains with their know-how could well control better than 85% of the drug store business in the next five years. Personally, it is my feeling that your greatest competition in the next few years will not come out of the discount chain, but out of the drug, supermarket and variety store units that have been developed by the discounter.

The merchandising job that has been done by the independent in the non-drug categories, has been a poor one. It has been a haphazard approach. A stop gap measure, and at times a ridiculous mish mash of merchandise that has ruined your professional standing in the community. The fault does not lie with you alone. It lies with those who have given misguided guidance, some of the wholesalers, some of the opportunists who simply stated that all you have to do to compete with the discounter or the supermarketeer, or the large drug operator, is to be cheaper in your product and carry the most important sundry items.

By now many of you realize, I am sure, that price alone is not going to bring the consumer to your doors. The modern store, well fixtured, well merchandised in the various important drug and health and beauty aids as well as in the non-drug items, has a far better chance of surviving the competitive onslaught from both sides, than one that has decided to ignore the competition.

Those of you who have followed the growth of some of the drug chains, will notice that stores that are being put up are no longer in the 3 to 5,000 square feet category, but run into the 15,000 and 20,000 and sometimes even 30,000 square feet size and handle merchandise in tremendous assortments—housewares, toys, sporting goods, luggage, china, glass, gifts, notions, stationery, electronics, and who knows what else. In essence they have become variety store oriented and have used variety store techniques of merchandising. These chains have developed not only in major cities but in smaller communities, with the cluster of stores strategically located and utilizing the same newspaper media, in doing so reducing their advertising costs.

It is true that their purchasing power is tremendous, and it is also true that in many instances they are capable of buying better. Now, buying better does not necessarily mean that they buy cheaper all the time. It does however mean that the timing and coverage of the various markets is such that it may give them a far greater advantage over the independent who has to depend solely on the distributor who may not at all times be progressive or aggressive, to be able to act the supporting role that is so necessary for the independent.

I have come up with certain observations which I feel must be acted upon by the independent if he is to survive the changes in our industry. First he must no longer think in terms of small stores. The days of the

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1500 or 2500 square feet drug store, even on a local neighborhood basis, are slowly disappearing. Business has doubled, tripled and quadrupled at the neighborhood local store level. Now, how do you merchandise a store in that space? Obviously you do it with better fixturing, and a far broader merchandising mix than ever before. As we, in the discount industry have learned from you 15 years ago when we copied some of your excellent merchandising techniques, you now should learn from us, the discounters, and that is, that in order for you to merchandise the size of the stores that are today acceptable to the American public, you will have to combine your purchasing power by getting together either in cooperatives, or call them guilds, or call them whatever you want to call them, by developing central warehousing on a cooperative basis and by developing central buying, central advertising, central store planning and central electronic data processing.

This I believe is the only way an independent will survive the giants of today who are spreading throughout the United States. And who incidentally, in spite of what you may think, are performing an excellent function in servicing a local community.

I realize that it is very nice to put your name on a big sign outside of your store, but I am also aware of the fact that as a one or two store operation, your cost of advertising can become tremendously costly.

I visualize 20 or 30 independent drug operators within a geographic area, getting together, forming a cooperative, developing their own advertising program, warehousing programs, store planning programs, and even electronic data processing. And at the same time, doing one very important thing in order to present to their customers a strong and cohesive image, and that is, to operate under one name.

I don't know how startling this suggestion might be to you, but I as an individual, who has seen over the last 15 years the strength and potential capabilities of the chains, as they have developed, feel that the power of perhaps quasi chain operators, even if in name only, can give the customer the image that the national chains have been able to establish over a period of years. I realize that my suggestion to give up your name can be a hard pill to swallow, but as pharmacists you also know, that while some pills do not taste well at first, they manage to cure the illness.

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Allegany-Garrett County Pharmaceutical Association

Retired Pharmacists are Honored

The Allegany-Garrett County Pharmaceutical Association honored six retired pharmacists at a testimonial dinner at Clarysville Inn recently.

Honored guests were Francis C. Knepper, Harry C. Lewis, Raymond J. Lowry, Virginia S. Radcliffe, the late James E. McMichael, who died in May, 1970 and W. D. Timmons. The six pharmacists have been practicing for a total of almost three centuries. Their years of health care service to residents of the Cumberland area collectively number 270.

At the dinner, C. Murray Allen was master of ceremonies and presented each retired guest with a cup bearing his name and years of service. Mrs. Leta McMichael accepted the memorial award for her husband posthumously.

Presenting remarks were: Henry J. Glick, pharmacist at Sacred Heart Hospital; Harry Sellers, from Memorial Hospital; George B. Harmon, from Keyser Drug; Samuel Wertheimer, pharmacist at Memorial Hospital; M. Joseph Eshelman from Peoples Drug Store and Mr. Allen.

The dinner was arranged by officers of the Allegany-Garrett County Pharmaceutical Association: Stephen Hospodavis, president; James L. Ritchie, vice-president; and Robert F. Tomsko, secretary-treasurer.

Free Management Service

The Lilly Analysis Service has evaluated individual financial statements submitted by community pharmacist owners throughout the United States for 39 consecutive years. Each year, about 2,500 pharmacists request a financial review by Lilly staff analysts and receive a complete report of their operation. The service is offered again this year.

The report is free and strictly confidential. Anonymous statements are also processed and mailed if an adequate address is provided. To receive a free analysis, send your financial statements and prescription data to the Lilly Analysis Service, Department M-501, P.O. Box 814, Indianapolis, Indiana 46206.

New Interaction Handbook

The *Handbook of Drug Interactions* by Edward A. Hartshorn, Ph.D., has recently been published by Donald E. Francke. The *Handbook* consists of 18 chapters and discusses drug interactions according to the pharmacological and therapeutic index of the *American Hospital Formulary Service*. The material originally appeared in *Drug Intelligence and Clinical Pharmacy*. The 88-page *Handbook* contains a helpful index which includes drug names only.

The *Handbook of Drug Interactions* may be ordered from Drug Intelligence and Clinical Pharmacy, College of Pharmacy, University of Cincinnati, Cincinnati, Ohio 45221, at a cost of $3.50 each; $4.00 will be charged if payment is not enclosed with an order.

FDA Is Developing A 9-Digit "Code" For Non-Drug Health Products

A National Health Related Products Code, corresponding to the existing National Drug Code, is now being developed by the Food & Drug Administration, in cooperation with health field organizations, manufacturers, and other government agencies.

The new code will cover medical and surgical equipment used in the treatment of institutionalized patients, as well as a wide range of non-drug health products sold in retail pharmacies. Among these will be thermometers, wheelchairs, bandages, hot water bottles, vaporizers, and bed pans.

The same 9-digit alpha-numerical sequence employed in the National Drug Code will be used in the Health Products Code. Like the drug code, it is intended to make possible automated electronic ordering, dispensing, cost accounting, inventory control, and third-party claims processing for the covered products.

Hot is Better Than Cold—For Teeth

A group of scientists from the University of Utah, following an extensive two-year study of the thermal stresses on human teeth caused by the constant temperature changes inside the mouth, report that hot drinks and food may be better for teeth than cold ones.

When tooth surface is subjected to sudden temperature drops caused by drinking or eating something cold, the enamel tends to contract and is more susceptible to cracking.

One of the worse things a person can do to his teeth, the researchers warn, is to chew on ice. They also state that breathing through your teeth on a cold winter day may also be inviting a visit to the dentist.

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National Health Insurance

The Committee for National Health Insurance, at a press conference on July 7, 1970, described its plan to establish a "Health Security Program." Senator Edward M. Kennedy (D) Massachusetts announced that he plans to introduce legislation to implement the program sometime before the end of July. He said he hopes to get broad sponsorship of the measure and anticipates hearings will be held in August or early September. The Senator indicated the bill will be considered first by the Senate Labor and Public Welfare Committee because of its health aspects but will also go before the Senate Finance Committee which considers legislation involving Federal tax revenues. In response to questioning, Leonard Woodcock, President of the United Auto Workers and Chairman of the Committee for National Health Insurance, advised they were in agreement with George Meany, President, AFL-CIO, and the legislation they are endorsing which has been introduced by U.S. Representative Martha W. Griffiths (D) Michigan, the National Health Insurance Act (H.R. 15779), with only some technical disparities to be resolved.

The Program was described as providing for comprehensive health care for everyone living in the United States, which would include physicians' services, institutional services, psychiatric services, dental services for children up to age fifteen, certain drugs provided by hospitals and group practice plans, and supporting services such as professional services of optometrists and podiatrists, and ambulance and other emergency transportation, among others. "Health Security" would be administered by a five-member Board appointed by the President serving under the Secretary of Department HEW, assisted by an advisory council with consumers holding majority membership.

The plan would absorb Medicare and most other major health care programs and replace private insurance for services which are covered under the program. It would be financed by taxes which would go into a Health Security Trust Fund, similar to the Social Security Trust Fund. Funds would be raised from three sources:

Forty percent from Federal general tax revenues
Thirty-five percent from a 2.8% tax on employer payroll
Twenty-five percent from a 1.8% tax on individual adjusted gross income up to $15,000.

Money from the Trust Fund would be distributed to the ten Department HEW regions throughout the country, primarily on the basis of population within the region. From the regional office, the funds would be distributed to local areas for each covered category of health care. Institutions would receive payment on the basis of prospective budgets. From the physicians' services allotment, first priority would be given to group health programs which undertake total physicians' care on a per person payment basis, for salaried doctors in institutions and for physicians receiving stipends. The remaining funds would be available to pay individual physicians on the basis of negotiated fee schedules.

A percentage of the Trust Fund, two percent in the first year and increasing amounts to a maximum of five percent, would be earmarked as a Resources Development Fund to increase health personnel and facilities and strengthen the health care system. Priority would be given to stimulating the development and growth of group practice programs and other innovative and productive health care alternatives and to help to enhance the practice of medicine in rural and undermanned urban areas. The Program would provide incentives for more efficient use of existing manpower, and educational and training funds to supplement programs for the production of new physicians, nurses, dentists and other health personnel.

—From COTH Report No. 36, July 29,1970
Council on Teaching Hospitals, Washington, D.C.

Methotrexate Dispensing:

Two physicians reported at the recent AMA annual meeting that Methotrexate may have been responsible for the development of tuberculosis in two patients receiving the drug for treatment of psoriasis. While it has not been proven that these two patients developed tuberculosis as a direct result of the Methotrexate therapy, case reports and cited animal work led the physicians to suspect that Methotrexate may have been a factor, due to its effect of suppressing the patient's immune competency. This effect would tend to render a patient more susceptible to infection.

In another case, a suit is pending against a physician and the drug's manufacturer for the death of a young father of three who died of heptocellular necrosis allegedly induced by methotrexate during treatment for psoriasis. Attention is again directed to the fact that psoriasis is not an FDA approved use of this drug.

The apparent increased non-approved use of Methotrexate for treatment of psoriasis has re-opened the long standing question as to whether a pharmacist should dispense this drug directly to a patient in contravention of the warning placed on the label by the manufacturer. The warning states that the drug should be dispensed *only to physicians.*

It is the opinion of the APhA Legal Division that a pharmacist who dispenses this drug directly to a patient, increases his risk of civil liability in the event of an adverse reaction. The practical effect of this warning could be to shift the burden of proof required in a negligence action. Instead of requiring the patient to prove the pharmacist negligent, the presence of the warning could require the pharmacist to prove that he was not negligent in dispensing it contrary to the stated warning. The safest course for pharmacists is to dispense the drug in the manner specified by the manufacturer.

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Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
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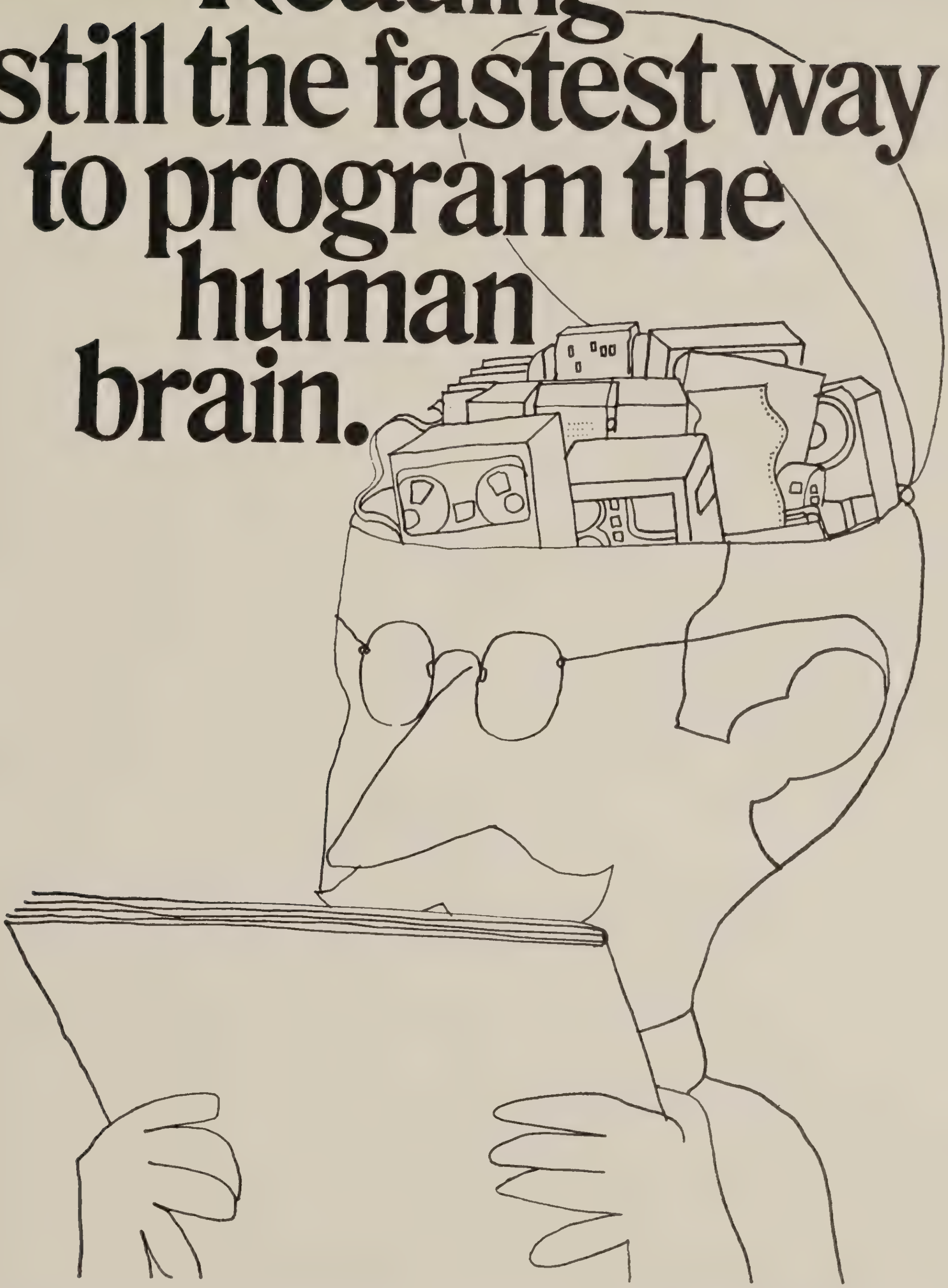

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FTC Consent Order Forbids 13 Drug Firms Knowingly To Induce Preferential Prices:

A consent order provisionally accepted by the Federal Trade Commission prohibits 13 affiliated drug retailers in North Dakota, South Dakota and Minnesota, from knowingly inducing and receiving discriminatory prices from pharmaceutical suppliers.

The group also is forbidden to maintain any arrangement which results in a diversion of prescription drugs to it from a nonprofit institution, or which passes on or makes available to it a preferential price offered by pharmaceutical manufacturers only to nonprofit institutions.

The FTC complaint had alleged that although the major part of the group's pharmaceutical supplies and equipment purchases are made directly for its own account, substantial quantities of prescription drugs are purchased via the account of a nonprofit hospital. This concerted action between the group and hospital was begun approximately nine years ago and has evolved, in part, into a means of obtaining discriminatory prices for the group.

In practice and effect, the complaint continues, the hospital serves as the medium through which the group has exerted influence on suppliers by knowingly demanding and receiving on its purchases discriminatory prices, discounts, allowances, rebates and terms and conditions of sale. Suppliers not agreeing to its demands allegedly were usually replaced by others who did.

The complaint also charges that this knowing inducement or receipt of the discriminatory prices has substantially lessened competition between acceding and nonacceding suppliers, and also between the group and its unfavored independent competitors.

The consent agreement is for settlement purposes only and does not constitute an admission by respondents that they have violated the law.

Drugstore Sales in 1970—A New High

Sales in the nation's 50,000 drugstores skyrocketed to a new peak of $13,501,000,000 during 1970, up 5% from the year previous, *Drug Topics* reports. Sales were divided in the ratio of 63% for independents and 37% for chain drugstores (one of a group of 4 or more drugstores). Independents accounted for $8,510,000,000 of the sales, and chain drugstores for $4,991,000,000. The average increase per store comes to over $20,000 a year—a gain in gross sales of $385 per week. Total average gross per store was $274,420 for the year.

"1971 should prove to be another record-breaking year for consumer expenditures in drugstores," said Harrison S. Fraker, Publisher of *Drug Topics*. "The number of prescriptions filled is well past the one billion mark. New and improved pharmaceuticals, as well as over-the-counter health products, toiletries and cosmetics, should boost customer visits in drugstores from 180,000,000 a week to over 200,000,000 with a corresponding increase in the pharmacist's receipts."

Obituaries . . .

DR. GAYLORD B. ESTABROOK

Dr. Gaylord B. Estabrook, retired physics professor at the University of Maryland professional schools in Baltimore, died December 4, 1970 after a three-month illness.

Dr. Estabrook, who taught at the university for 29 years, first came to the university in 1937 as a physics instructor. In 1939, he was made an assistant professor, in 1947 an associate professor and three years later he was appointed a full professor. He retired in 1966.

He was a popular figure at the University. The graduating classes of 1953 and 1957 of the School of Pharmacy dedicated their yearbooks to him. He is survived by his wife, the former Marylyn Way; his mother, Mrs. Catherine B. Estabrook, and his sister, Ruth Schoepfle.

DR. CHESTER A. DUNCAN

Dr. Chester A. Duncan, 88, former dean of Baylor University's School of Pharmacy, in Dallas, died on December 2, 1970 after a short illness. Dr. Duncan was born in Lancaster, Pa., and received his doctorate from the Philadelphia College of Pharmacy in 1906. He then went to Dallas, where he was dean at Baylor until 1928.

He than came to Baltimore where he managed several pharmacies including the old Tenant's Pharmacy. He retired in 1965.

L. REX SPRINGER

R. Rex Springer, 68, of Morrel Park, died recently at his home after suffering a heart attack. Mr. Springer operated the Superior Pharmacy at Washington Boulevard and DeSoto Road from 1928 to 1945. He was a 1928 graduate of the University of Maryland School of Pharmacy.

CLARENCE HENRY PIERSON

Clarence Henry Pierson, 70, former member of the firm of Armentrout and Pierson, which in the 1920's and 1930's owned pharmacies at Park Heights and Belvedere Avenues and Poplar Grove Street and Riggs Avenue, died December 28 after a long illness. Mr. Pierson graduated from the Milton College of Pharmacy and became registered in December, 1939. He retired in 1961.

JOHN KAIRIS

John Kairis, 65, died on December 9 after a short illness. He graduated in 1927 from the University of Maryland School of Pharmacy. Mr. Kairis was associated with the Aero Pharmacy for 25 years and with the Serpick Pharmacy for 4 years. He was the husband of the late Catherine C. Matthews and is survived by a daughter and son. He is also survived by 2 sisters, Nancy Luckhardt and Eleanor Bannerman, both graduates of the University of Maryland School of Pharmacy.

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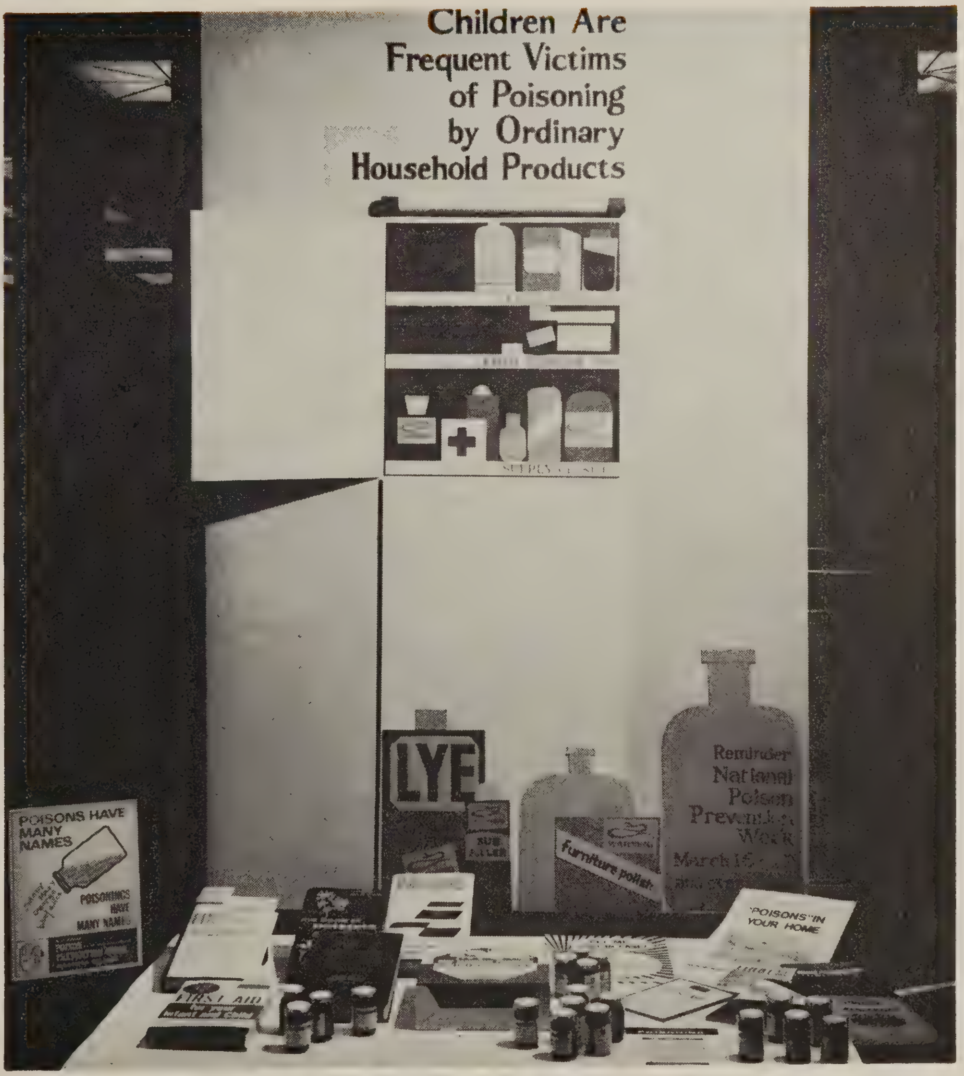
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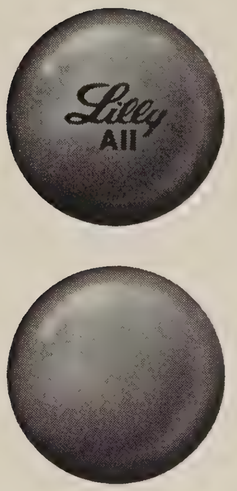

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Editorial . . .

Non-Prescription Medication— A Responsibility for Pharmacists

Traditionally, when the pharmacist thought of his professional role, he thought only of compounding and dispensing physicians' prescriptions. But today the practice of pharmacy is emerging as a health care profession concerned with the *patient*, not just with various aspects of producing and distributing drug products.

Some of the responsibilities that more and more pharmacists are assuming are in the areas of patient medication records, clinical pharmacy practices, drug interactions and intravenous solutions, to mention just a few.

A much neglected area for assumption of full professional responsibility by pharmacists is that of professional attention to protecting the public in their choice of and self-medication with non-prescription medicines or over-the-counter drugs (OTC).

Certainly, at the very least, OTC preparations containing drugs, which in larger amounts per dosage unit, are restricted to prescriptions, should be available only under a pharmacist's supervision. Certainly these preparations and all those containing warnings and contraindications should be under the pharmacist's control. The warnings, among others, include the dangers of use by those who have heart, diabetes or thyroid disease. One wonders about the percentage among purchasers of such medicines who unknowingly are suffering from some of these contraindicated conditions.

Certainly mass display, open display and sale by self-service of potent medication is incompatible with the nature of these preparations and with the public health responsibilities of pharmacists.

Certainly the participation of pharmacists in the promotion of the promiscuous use of patent medicines is in conflict with pharmacists' professional education, responsibilities and our Code of Ethics.

How about the contribution of advertising and promotion techniques to the attitude of people toward the use of drugs and their consequent misuse and abuse?

Is it not time for pharmacists to clearly dissociate themselves from hucksterism in health?

Pharmacists are the only qualified licensed custodians of drugs—prescription and non-prescription. Pharmacists, if they wish to be recognized as responsible members of the health care team, with the patient's welfare always foremost, must not give any appearance of abetting those proprietary manufacturers who mislead the public with distortions that the lay public is not qualified to recognize.

Is it not time that all physiologically active ingredients and their quantities be revealed on the labels of all medication and cosmetics?

Many pharmacists have and are assuming full responsibility for advising their patrons about OTC drugs and their use. It is time for every pharmacist to join his colleagues who are sensitive to the ethical and moral issues involved. The pharmacist can perform a truly clinical pharmacy function in both the community and in the institutional setting by asserting professional judgment and discretion in the OTC drugs he stocks, how he displays and recommends them, in refusing to stock or sell some, and in the advice he gives those who rely and trust in him.

There is a growing awareness by responsible persons in and out of government who understand that the customary approach of the market place to ordinary articles of trade does not apply to drugs. This attitude is demonstrated by Charles C. Edwards, M.D., the Commissioner of the Food and Drug Administration, who stated before the NARD in October: "We must also give serious thought to how drugs are being sold in this country. The sale of drugs has tended to move away from the pharmacy as distribution increases through wholesale outlets and supermarkets. There may well be a case, in this area of drug abuse and overuse, to ensure that all sales are under supervision of the pharmacist who is the trained person in the field."

We believe the public expects and deserves from pharmacists straight, medically sound guidance about health products. The basis must be facts, not advertising claims, promotions, advertising allowances, merchandising deals or the demand artificially created by electronic or printed media.

It is time for eliminating all aspects of the patent medicine side-show from pharmacy.

Will you accept this responsibility?

Nathan I. Gruz

PHARMACY CALENDAR

March 21-27—Poison Prevention Week.

March 24—MPhA Spring Regional Meeting, Colony 7 Motor Inn.

March 27-April 2—APhA Annual Meeting, San Francisco, California.

May 16-17—MPhA Annual Convention, Hunt Valley Inn.

May 26—School of Pharmacy Alumni Association Annual Meeting.

April 16—Meeting of Maryland Graduate Chapter of Kappa Psi.

June 2—School of Pharmacy Annual Alumni Banquet in Honor of Graduates.

June 5—School of Pharmacy Commencement Exercises.

June 11-13—6th Annual MSHP Hospital Pharmacy Seminar, Ocean City, Md.

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Baltimore Metropolitan Pharmaceutical Association

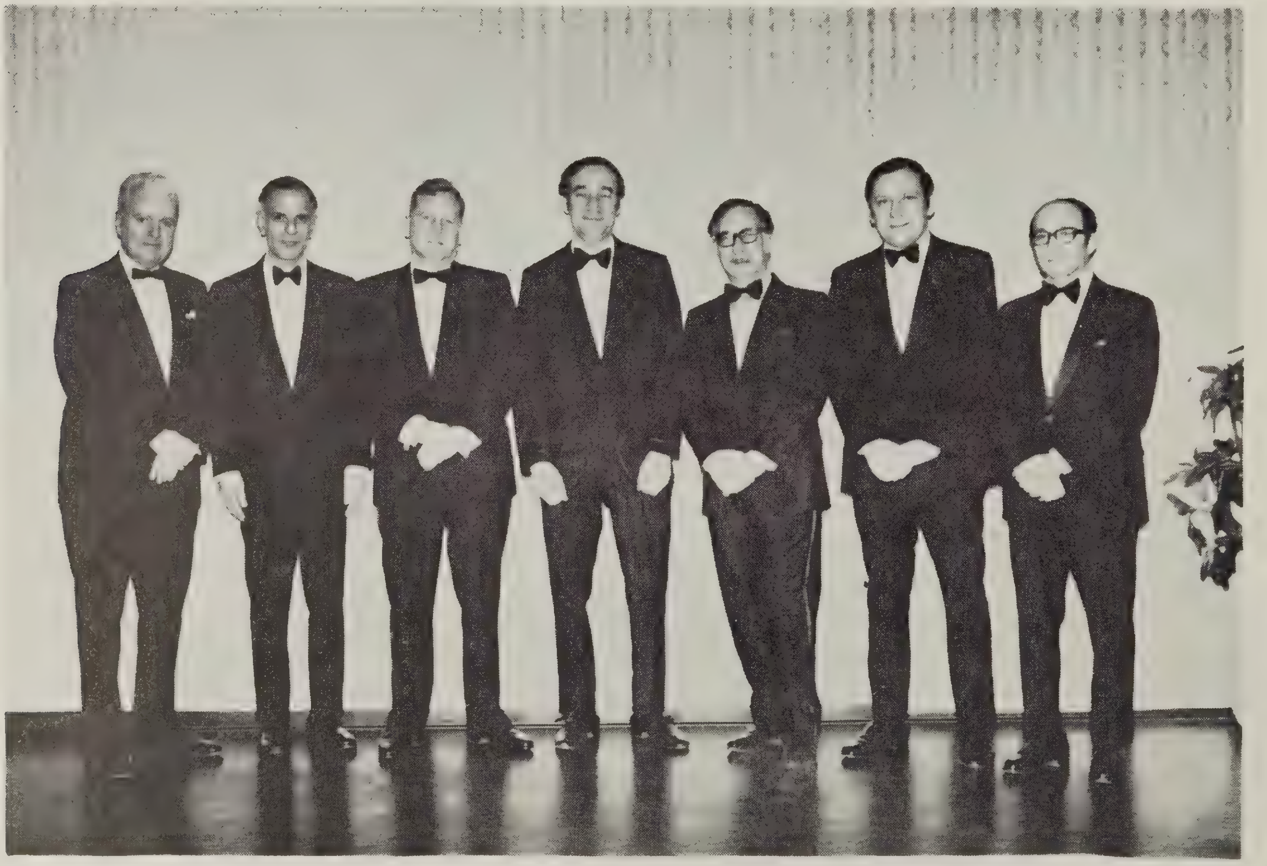
55th Annual Installation Dinner-Dance

Irving Kamenetz, installed as president of the Baltimore Metropolitan Pharmaceutical Association for 1971, called for pharmacists to emphasize the personal service they provide to their patrons. He asserted that the public is being mislead about the cost of prescriptions and is ignoring the vital role that pharmacists perform in their communities. President Kamenetz stressed the importance of every pharmacy maintaining patient medication records and urged all pharmacists to establish an effective system.

Featured speaker at the function, which was attended by 400 members, the allied drug industry and guests, was Senator Rosalie Silber Abrams of the 5th District of Baltimore City. Senator Abrams, a registered nurse who has served a term with distinction in the House of Delegates, reviewed some of the problems in the area of health confronting the state. The need for cost-containment in health care, analysis of hospital and

SENATOR ROSALIE ABRAMS

BMPA Officers 1971



Irvin Kamentz, center, President. Left to right: Charles E. Spigelmire, Treasurer; Anthony G. Padussis, Chairman of Executive Committee; Joseph U. Dorsch, President-elect; Byron Millenson, Honorary President; Paul Freiman, Vice-President; Nathan I. Gruz, Secretary and Executive Director. Absent from photo: Vice-Presidents Harold P. Levin and Harry R. Wille.

nursing home operations and the government health programs in the state budget were reviewed.

A special citation was presented to Byron (Bernie) Millenson, Vice President and General Manager of Radio Station WCAO, by Executive Director Nathan I. Gruz. Mr. Millenson was installed as Honorary President and cited for his cooperation in providing public service time to both state and local pharmaceutical associations in various public health programs such as Poison Prevention, Diabetes Detection and Pharmacy Week. The MPhA Sunday evening program on WCAO, "Your Best Neighbor," has set a record for public service time with more than 600 consecutive programs under MPhA and BMPA Public Relations Chairman, Charles E. Spigelmire.

The other officers and Executives installed at Blue Crest North, Pikesville, on January 31, 1971, were:

President Elect: Joseph U. Dorsch
Vice Presidents: Paul Freiman
Harry R. Wille
Harold P. Lewis
Secretary and Executive Director: Nathan I. Gruz
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The Banquet Committee consisted of Joseph U. Dorsch, Chairman, Paul Freiman, Co-Chairman, George J. Stiffman, Ticket Chairman, Sam A. Goldstein, Co-Ordinator, Gerald Freedenberg, Ronald A. Lubman, John E. Padussis, Charles E. Spigelmire and Charles H. Wagner.

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TAMPA *Activities*

Highlights of recent activities of the Traveler's Auxiliary of the Maryland Pharmaceutical Association (TAMPA) were reported by William A. Pokorny, Secretary-Treasurer and Herman Bloom, Chairman of the Committee on *The Maryland Pharmacist.*

The TAMPA Ladies' Night was held at the Limestone Dinner Theatre on Thursday, November 5, 1970. The affair was an outstanding social success with an attendance of 300. A Cocktail Hour and Buffet Dinner preceded a most enjoyable comedy, "Fool's Paradise." Arrangements for the affair were handled by TAMPA President, William L. Nelson. The guests included MPhA President, Donald O. Fedder and Mrs. Fedder and MPhA and BMPA Executive Director, Nathan I. Gruz and Mrs. Gruz.

The December meeting was held at The Tail of the Fox, Timonium, on December 5, 1970. The Baltimore Colts 1959 Championship Film was presented. Plans again were announced to make a Christmas Contribution for the Children's Southwestern Christian Parish.

The annual Goodwill Meeting was held at Ordelle Braase's Flaming Pit on January 14. There was a good attendance of membership present including the wives of some of the members. The meeting was opened with a prayer and Pledge of Allegiance to the Flag. Following dinner, President William Nelson, announced that all business would be dispensed with except the voting on the new member, Mr. Fred C. Brandau, of Abbott Laboratories, which was approved unanimously. The guest speaker was Miss Roberta Poulton, a registered nurse from the S. S. Hope. A very interesting talk about the trips of this ship, the functions of the project and beautiful slides were presented and discussed. This project is privately sponsored without governmental support. The contribution to S. S. Hope was approved.

APhA Annual Meeting to be Held in San Francisco

Luxury hotels with lofty skyrooms, the up-turned roofs of Chinatown, the Golden Gate Bridge, a sparkling bay and much, much more await pharmacists and their guests who will be in San Francisco March 27-April 2, 1971, for the APhA Annual Meeting.

More than 4,000 APhA members, their families and friends are expected to attend this 118th annual gathering of the profession, which will officially start with the Opening Session Sunday evening, March 28, and conclude Thursday evening, April 1, with the APhA Annual Banquet at the San Francisco Hilton. Exhibits, registration and meetings will be held at the Civic Auditorium, with meetings also scheduled in other hotels.

Hotel reservation forms are now being accepted by the APhA Housing Bureau.

Child Center Opened at Bon Secours Hospital

A new child health center has been opened by the Baltimore City Health Department in the Bon Secours Hospital, 2025 West Fayette Street, for residents in the Steuart Hill and Model Cities "G" areas. Located on the second floor of the east wing of the hospital, the center will be open Mondays and Thursdays and will offer families health services and guidance for their children through the preschool years. The center location at Bon Secours also provides the advantages of hospital facilities if clinic evaluations determine that such services are needed.

Appointments may be made by calling 837-2710 or by contacting the neighborhood public health nurse.

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Left to right: TAMPA President William L. Nelson, guest speaker Roberta Poulton, R.N., Secretary-Treasurer William A. Pokorny.

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The gavel of officers goes from Francis J. Watkins (right), outgoing President to President William L. Nelson.

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Swain Pharmacy Seminar

The Eleventh Annual Swain Pharmacy Seminar was held on Thursday, February 11, at the Good Samaritan Hospital in Baltimore. The theme of this year's seminar was "Pharmacy in the Seventies" and to explore this theme, the Swain Seminar Committee chose the following speakers and topics: Mary Lou Andersen, Community Pharmacist, Wilmington, Delaware—"Clinical Pharmacy in Community Practice"; Joseph A. Higgins, Director, Drug Task Force, Social Security Administration—"Factors in the Administration of an Out of Hospital Medicare Drug Program"; Panel Discussion—"Effective Communications Within the Profession and With Other Professions," Winifred Sewell, Co-ordinator Drug Information Services, Health Sciences Library, Panel Moderator; Sydney L. Burgee, Jr., Hospital Pharmacist; Noel David List, M.D.; Frederick Magaziner, D.D.S.; and Melvin N. Rubin, Community Pharmacist.

The first speaker, Mrs. Andersen, described a pharmacy group-practice known as "Pharmacy Associates, Inc." This incorporated group of 22 pharmacists was formed for the purpose of providing "a mechanism whereby community and hospital pharmacists can play a role in making health care available to residents of depressed areas." The group presently services 2 health centers located in communities where there is no other pharmacy service available. Each members of the group serves at one of the centers on a rotation basis.

The Northeast Service Center serves as a well-baby center and youth health center during the day until 4 p.m. After 4 p.m. the building becomes a "primary care" health center, operated by a group practice of physicians and pharmacists. Payment for prescriptions at this center is $1.75 per prescription plus medication cost. The same 60-drug formulary is also used at the Southbridge Center, the second center serviced by the group.

At the centers, patients are seen first by a nurse who records personal data and takes his blood pressure, then the patient sees the pharmacist, who prepares a medication profile and drug history. The patient then takes his chart to the physician who examines him and enters the diagnosis and suggested treatment. The patient then returns to the pharmacist who fills his prescription directly from the chart and explains to the patient how to take the product. Prescriptions are labeled with all information necessary to enable the patient to have his prescription refilled elsewhere if necessary when the clinic is closed. The success of this system demonstrates that clinical pharmacy can be practiced in an ambulatory setting, as well as in a hospital.

The second speaker, Joseph Higgins, explained how the Social Security Administration might process prescription claims under a National Health Insurance Program. An estimated 300 to 400 million prescriptions per year are anticipated to be involved. The reimbursements to the pharmacists would have to be done through an electronic process. The administration is aiming at a processing cost of 20 cents per prescription. If the 300 to 400 million prescriptions per year figure is accurate, the government would be reimbursing pharmacists approximately 1.5 billion dollars per year for prescriptions.

MRS. MARY LOUISE ANDERSON

One idea in the planning stages is an "auto-input" system. A pencil-size scanning device which the pharmacist would pass over a series of numbers on a card, i.e. social security identifying number and NDC number, would relay information into a magnetic tape set-up located in the pharmacy. Once a day the information contained on the tape would be relayed over telephone wires to a central claims processing station. A computer would analyze the information and reject any incomplete claims to be returned to the pharmacist for correction. A check would be sent to the pharmacist for the properly processed claims.

After a short intermission, the program resumed with a panel discussion on "Effective Communications Within The Profession and with Other Professions." Dr. Noel List indicated areas where he thought pharmacists could do more to improve communications. He pointed out the importance of patient drug profiles. Forty per cent of all patients have their prescriptions filled at the same pharmacy all of the time. This percentage is much higher if we leave out those patients who have prescriptions filled at both hospital pharmacies and community pharmacies. Studies also show that 90 per cent of patients will have a second prescription filled at the same pharmacy they have used before.

He thought pharmacists could do more in the area of instructing patients on taking drugs, could be instrumental in health planning and should act as a referral service to the physician. As far as improving communicaıs with physicians, he thought that pharmacists must e the initiative; they must make their capabilities own to the physician.

Melvin Rubin stressed the importance of the pharcist-patient relationship. At his pharmacy, Mr. Rubin ributes a periodic "letter" to his patients. A recent e gave helpful instructions on the general frequency t certain categories of drugs should be taken for opti- l effect. Mr. Rubin believes in educating the public ut the drugs that they take. He labels all prescripıs with the name of the drug unless specifically rested not to by the prescriber. One of the means pharcists can develop professional confidence in themselves y regularly attending continuing education courses.

Dr. Magaziner noted that 83% of dentists now have ıarcotic registration number and that 200 million tal prescriptions were written in 1969. He recognized t dentists in general are weak in their knowledge of g law and this is one area where more direct contact ween dentists and pharmacists would be valuable. The cational role that pharmacists can play in dental care obvious when statistics show that less than 50% of public regularly see a dentist.

Mr. Burgee pointed out that pharmacists who want mprove their position must make their abilities known other people. To develop closer ties with the physician, pharmacist must demonstrate to him that he is knowleable about drugs. Means available to do this in the pital setting are teaching and publication of Pharmacy letins. He stressed the importance of a good drug inmation library.

The dinner speaker was Dr. Zsolt H. Koppanyi, Director, Comprehensive Children's and Youth Clinic, Baltimore City Hospitals. Dr. Koppanyi described the preventitive medical program at Baltimore City Hospitals. He spoke highly in favor of safety closures on prescription vials. One of the roles he saw for pharmacists of the future was that of a "triage" specialist. The pharmacist, with the proper training, could make minor diagnoses and refer the more serious patient to a physician.

Shirkey to Receive APhA Hugo H. Schaefer Medal

Harry C. Shirkey, internationally recognized pharmacist-physician, will receive the Hugh H. Schaefer Medal of the American Pharmaceutical Association, according to an announcement by George Denmark, Chairman of the APhA Board of Trustees.

Presentation of the Medal, one of the Association's highest awards for outstanding service, will be made April 1 in San Francisco during the APhA Annual Meeting. Dr. Shirkey will be honored for his "heroic dedication to rational drug therapy for children."

Author of APhA's "1971 Pediatric Dosage Handbook," Dr. Shirkey is internationally recognized as an authority in the field of pediatrics, particularly pediatric therapy. He has practiced pharmacy and medicine in hospitals and the community setting and has served on several university faculties, teaching pharmacology to medical students, pharmacy students and nursing students.

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Hospital Pharmacy Section

Service!

by Robert E. Snyder,
President, Maryland Society of Hospital Pharmacists

Service! Pharmaceutical Service! Delivery of Pharmaceutical Service! These terms have been appearing in the pharmacy literature more and more frequently in recent years. They are not new. Pharmacy has always been a service profession. The advent of Medicare, however, brought with it a re-examination of these terms as they relate to patient care. Pharmacists in all areas of practice are beginning to take a serious look at the "service" they have been providing. Many community pharmacists have initiated family prescription record systems and pharmacist-patient consultations in an effort to improve service. Hospital pharmacists have developed and are implementing such services as: unit dose drug distribution, patient medication profiles, and I.V. admixtures. More recently hospital pharmacists are exploring their contribution to patient care in the clinical setting as part of the health care team.

Since service is our primary function, I believe it is important for each hospital pharmacy to develop a statement setting forth in writing it's "philosophy of service." An example of such a statement might be as follows:

> "The Pharmacy Department of .... Hospital is dedicated to the ideal of providing the finest pharmacy service to all persons seeking medical care in this institution. We shall endeavor to make the services of the department always available to the patient, the physician, and the nurse. And we shall constantly strive to improve the quality of our professional practice."

Pharmacists should be proud of their contribution to the medical profession. Service is not a "bad" word. We all need to take a long hard look at our practice in terms of the service we are providing.

Maryland Society of Hospital Pharmacists Meeting of February 11, 1971

The February 11th meeting was held at the Good Samaritan Hospital. The secretary read the minutes of the previous meeting which were approved as read. Mary Connelly reported that she had been contacted by Eli Lilly concerning a joint meeting of the D.C. and Maryland Society of Hospital Pharmacists. Eli Lilly is planning on sponsoring this meeting which would be held on Saturday, October 23rd, 1971.

Robert Snyder reported for Henry Derewicz and the Liaison Committee with the Maryland Hospital Association's Professional Practices Committee. He also ported that Clarence Fortner had reconfirmed the me ing dates and arrangements for the Sixth Annual H pital Pharmacy Seminar. The Membership Commit will soon be starting on a new membership survey of hospitals in Maryland.

June Shaw reported for the Program Committ The date of the March meeting, to be held at the No Arundel Hospital, was uncertain because of a conflict dates with the annual dinner meeting of the alum association. The D.C. Society requested to postpone April joint D.C. Maryland meeting to May because the elaborate program planned by the D.C. Society this Organon sponsored meeting. In the event that joint meeting is postponed to May, the April meeti would be sponsored by H. B. Gilpin and Dr. Earl Mas of the FDA would be the speaker. His topic will be titled *"Disposable Medical Appliances."*

The following new members were approved: Pam Brown, pharmacist at Maryland General; Kendal Melt pharmacist at V.A. Hospital at Perry Point; John Ebrite, with Merck Sharp and Dohme; and Dorothy Le pharmacist at Lutheran Hospital.

Robert Snyder announced that the recipient of 1971 W. Arthur Purdum Award is Paul LeSage. T meeting adjourned at 9:45 P.M.

Ineffective Drugs

Just-completed government studies show that o about one out of five prescription drugs totally live to their claimed effectiveness and that one out of sev fails to meet manufacturers' claims at all. The stu showed that only 41.7 per cent of 2,752 drugs tested questionably work as advertised to relieve symptoms cure diseases.

These figures, representing the final compilation drug effectiveness studies begun in 1966, were repor to a special Senate subcommittee by Dr. Charles C. wards, head of the Food and Drug Administration. said the misuse of prescription drugs—especially taking of too much of too many kinds of medication is a "serious problem and threatens to become more unless "vigorous steps" are taken to stop it.

Dr. Edwards told the subcommittee, headed by S ator Gaylord Nelson, D-Wis., that the FDA is moving clear 245 ineffective drugs from the market and to quire drug advertisements to carry government effecti ness ratings. But he conceded that the toughest probl will be in persuading the nation's doctors, who last y wrote more than two billion prescriptions, to change t prescribing habits.

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Drug Interactions

LEVODOPA

by DAVID A. BLAKE, Ph.D.
Associate Professor and Chairman
Department of Pharmacology and Toxicology
School of Pharmacy
University of Maryland

Levodopa (1-DOPA, Dopar^{R}, Larodopa^{R}) offers a new and effective treatment for Parkinson's Disease (See August, 1970 edition of this Journal). Its mechanism of action is believed to be conversion to dopamine in the basal ganglia after passage into this area of the brain. Since 1-DOPA and DOPAmine are plentiful in nervous tissue in other parts of the body as well, proper dosage adjustment is critical if the patient is to realize improvement with minimal side effects.

There are few confirmed clinical cases of drug interactions involving levodopa although the potential for interaction is high and particular concern in this regard should be exercised. (1)

Reserpine (Serpasil):

This antihypertensive drug causes a loss of serotonin, norepinephrine and dopamine from neural storage sites and thus aggrevates the symptoms of Parkinson's Disease. Actually, the ability of reserpine to cause tremors and rigidity was a clue to the biochemical defect of this disease. Reserpine should be regarded as an *absolute contraindication* in patients with Parkinson's disease and also as *therapeutically incompatible* (2) with levodopa.

Guanethidine (Ismelin):

This is also an antihypertensive drug but exerts its effect on blood pressure by causing release of catecholamines (dopamine and norepinephrine) in peripheral sympathetic nerves. Although guanethidine does not readily enter the brain, the concomitant presence of the elevated amounts of dopamine that are formed during therapy with levodopa might interfere with the uptake of the antihypertensive into sympathetic nerve endings. Thus the addition of levodopa to the therapy of a hypertensive patient being treated with guanethidine would be expected to result in a rise in blood pressure back to hypertensive levels.

Methyldopa (Aldomet):

The antihypertensive action of methyldopa is the result of its metabolic conversion to alpha-methyl norepinephrine which replaces norepinephrine in central and peripheral "adrenergic" nerves but is a *false transmitter.* In addition, methyldopa inhibits dopa decarboxylase, the enzyme responsible for the conversion of levodopa to dopamine, a requirement for anti-Parkinsonian effects. Thus the combination of methyldopa with levodopa would be expected to interfere with the latter drug's ability to relieve the symptoms of Parkinson's disease.

Phenothiazines (Thorazine, Compazine, Mellaril, etc.):

The phenothiazines are valuable drugs in the trea ment of certain psychoses and also nausea and vomitin apparently by virtue of their ability to alter the sen tivity of receptors in the brain. Diskinesias similar Parkinson's disease are caused by an action of the drugs on the extrapyramidal system and can be severe some patients. Thus not only do phenothiazines aggreva the symptoms of Parkinson's disease, they also blo dopamine receptors in the basal ganglia and like reserpin should be considered absolutely contraindicated in th disease even if the patient is not receiving levodopa.

Pyridoxine (Vitamin B_6):

As previously mentioned, before levodopa can exe its anti-Parkinson's effect it must be converted to dop mine, this reaction requires the catalytic intervention dopa decarboxylase, an enzyme which requires pyridoxi as a cofactor. Hence it would appear that this vitam would enhance the therapeutic effect of levodopa by i creasing its conversion to dopamine. Such is not the cas Even maintenance doses of pyridoxine (0.3 to 1 mg—tl usual range found in multiple vitamins) can complete inhibit the therapeutic action of levodopa. The mechnis of this antagonism has been attributed to an increase metabolism of levodopa to dopamine in peripheral tiss and consequently less drug is available to the bas ganglia. For Parkinson's patients, being treated wi levodopa, who must take multiple vitamins, a preparati without pyridoxine (Larobec) is available.

Monoamine Oxidase Inhibitors (Parnate, Eutony Furoxone, Marplan, etc.):

These drugs have been previously used in the trea ment of Parkinson's disease with some success. Whe combined with levodopa, hypertensive crisis may resu presumably because of prolonged sojourn of dopami which is a pressor substance.

Tricyclic Antidepressants (Tofranil, Elavil, Norpramin, etc.):

These valuable antidepressant drugs potentiate t pressor activity of dopamine and norepinephrine. Henc when a "tricyclic" is combined with levodopa, a hype tensive reaction may be produced.

Summary

The growing popularity of levodopa as the treatme of choice for Parkinson's disease makes it necessary f the pharmacist to be vigilant for unintentional hazardo or antagonistic combinations with other drugs. Becau this disease usually strikes middle aged or older person it is likely that antihypertensive, antidepressant and vit min therapy may also be indicated. Many of the popul drugs for treating these conditions have a potential f interaction with levodopa and may negate its therapeut effects or even aggrevate the symptoms of Parkinson disease. The pharmacist who is mentally prepared recognize these interactions and who maintains an ind vidual prescription record system for his patients is a position to be of particular value in the successful trea ment of Parkinson's disease.

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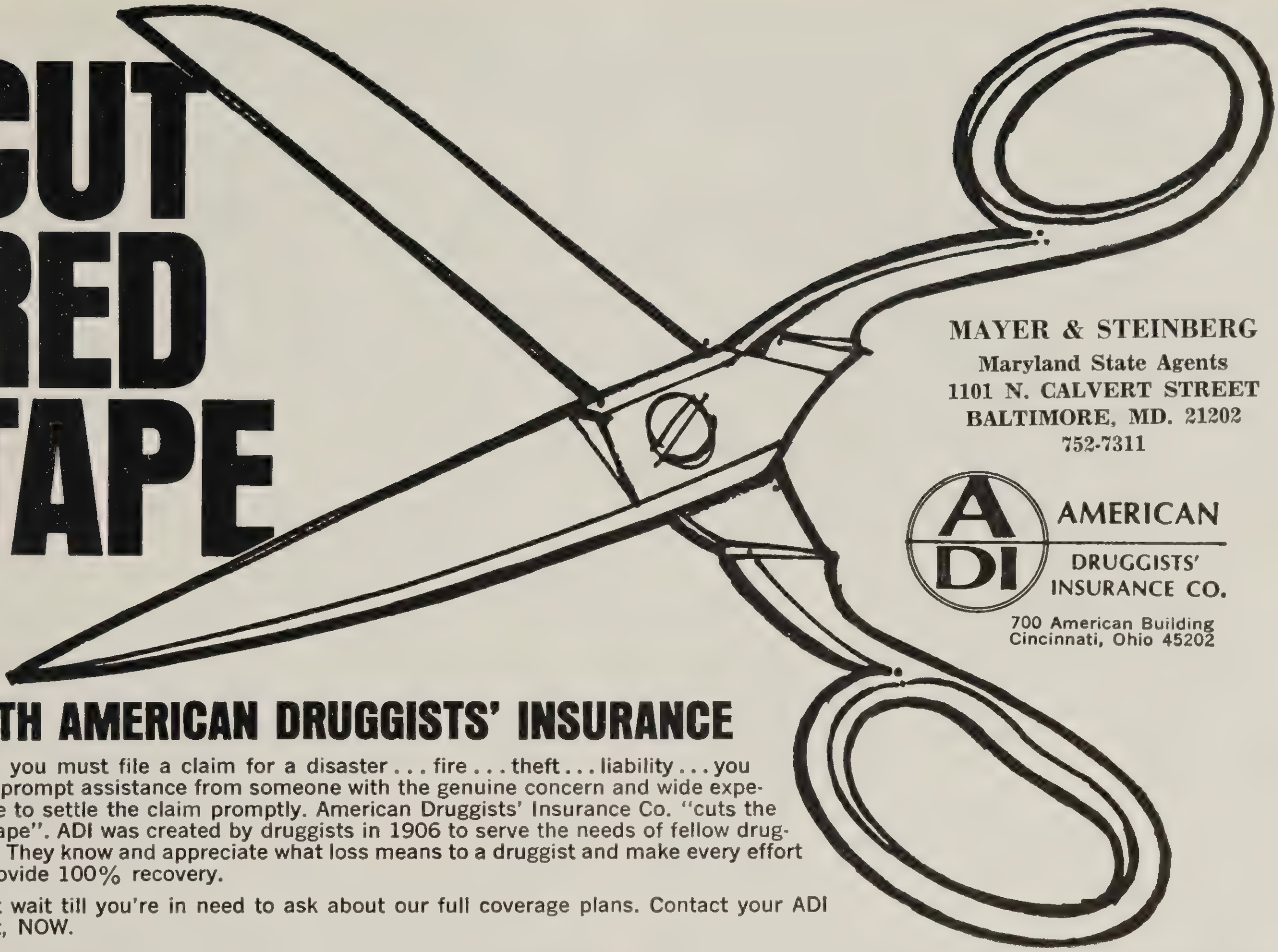
(1) Morgan, J. P. and Bianchine, J. R.: "The Clinical Pharmacology of Levodopa." Rational Drug Therapy. 5: 1-8, 1971.

(2) Lamy, P. P. and Blake, D. A.: "Therapeutic Incompatibilities," J. Amer. Pharmaceutical Assn. Vol. NS10, No. 2, February, 1970.



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Dr. Reed Commends MPhA For Its Diabetes Detection Efforts

Doctor Julian W. Reed, Public Education and Diabetes Detection Chairman of the Maryland Diabetes Association, recently reported that a large percentage of the 700 pharmacists who belong to the Maryland Pharmaceutical Association throughout the city and state have been rendering an extremely useful public service for the past several years in the area of diabetes detection. He reported that in 1969-70, 2,024 mail-in urine tests (Drey-paks) purchased by the Maryland Pharmaceutical Association and distributed without charge through the drug stores, were returned and analyzed in the Maryland State Department of Health laboratory. Of this number, 338 (16.7%) were positive.

Where geographically feasible, those who screened positive were retested at the Western Health District Headquarters at 700 W. Lombard Street in Baltimore. The retest consisted of a capillary blood sugar determination two hours after ingesting 75 grams of glucose in a dexcola. Those whose retests were positive were sent to their family physicians for a definitive diagnosis. Of the 338 individuals whose screening test was positive, 272 were referred for a definitive diagnosis. Of this number, 60 newly discovered cases of diabetes were identified. This constituted a yield of 29 per 1000 screened which was extremely high, and compared quite favorably with the yield from initial blood screening at several armories during diabetes detection week, November 15 through November 22, 1969. The yield of newly discovered diabetics from the blood screening was 23 per 1000.

Doctor Reed attributes this high yield from the Drey-paks to the fact that large numbers of individuals in the "high risk" group—i.e., those individuals with blood relatives with diabetes, those over 40 years of age and those individuals more than 10 percent overweight—are availing themselves of the tests, which is commendable.

It was additionally reported that this year to date 1,031 Drey-paks have been returned, of which 143 (13.8%) were positive. More Drey-paks are still available in most pharmacies. Those individuals who are in the "high risk" group who have not been tested for diabetes within the past year are strongly urged to pick up a Drey-pak and take the test according to the directions.

Whereas most investigators agree that blood screening is superior to urine screening, the yield of newly discovered diabetics in Maryland over the past three years, as a result of Drey-pak screening with blood retesting of the positives is quite satisfactory, particularly for those individuals who are unable to get to the blood testing sites.

Doctor Reed commended the Maryland Pharmaceutical Association for its efforts in this endeavor and encouraged them to make Drey-paks available in drug stores throughout the year. He stated that an active publicity campaign by the organization would result in a significant increase in utilization of the Drey-paks.

Wholesale Drug Companies Offer Service To Pharmacies

THE ASTRO PROGRAM

This is the first of a series of articles describing some of the services that the full-line, full-service drug wholesalers can offer to assist the pharmacist in establishing and maintaining a successful operation in the face o rising competition.

The ASTRO program is an advertising-merchandising program aimed through the wholesaler, through the retailer, directly to the consumer. The purpose of the program, offered by the Calvert Drug Company, is to le the consumer know that their neighborhood independen retail pharmacy is also a good place to buy their health and beauty aids at competitive prices in addition to "the place" to obtain their medicines.

The ASTRO program utilizes the journal type circular as the principal media for its advertising program Under the ASTRO plan, a participating pharmacy in the Baltimore marketing area would have its location listed along with all other participants in the same area in the *ASTRO Journal of Health and Beauty*. This journa would be distributed as a supplement to the *News American* and *Evening Sun* publications. In addition to carrying promotional ads, the journal also features severa pages of health-related articles of general interest to the consumer.

There are also alternate plans available for pharmacies beyond the range of Baltimore city newspape coverage. Stores participating in the plan display an identifying emblem or insignia showing that they are ASTRO members.

The costs of joining the program involve an initia membership fee plus a monthly fee to help support th program and cover the member's share of advertising commitments. The member agrees to participate in al ASTRO promotions during the year and to carry and purchase if necessary (in the required quantities) all health and Beauty items advertised in the *Astro Journal o Health and Beauty.*

The wholesaler furnishes seven or eight majo *Journal* promotions during the year and 15 to 18 weekl special promotions supplemented by frequent newspape and radio advertisements. ASTRO membership is available to all Calvert members in good standing.

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Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street
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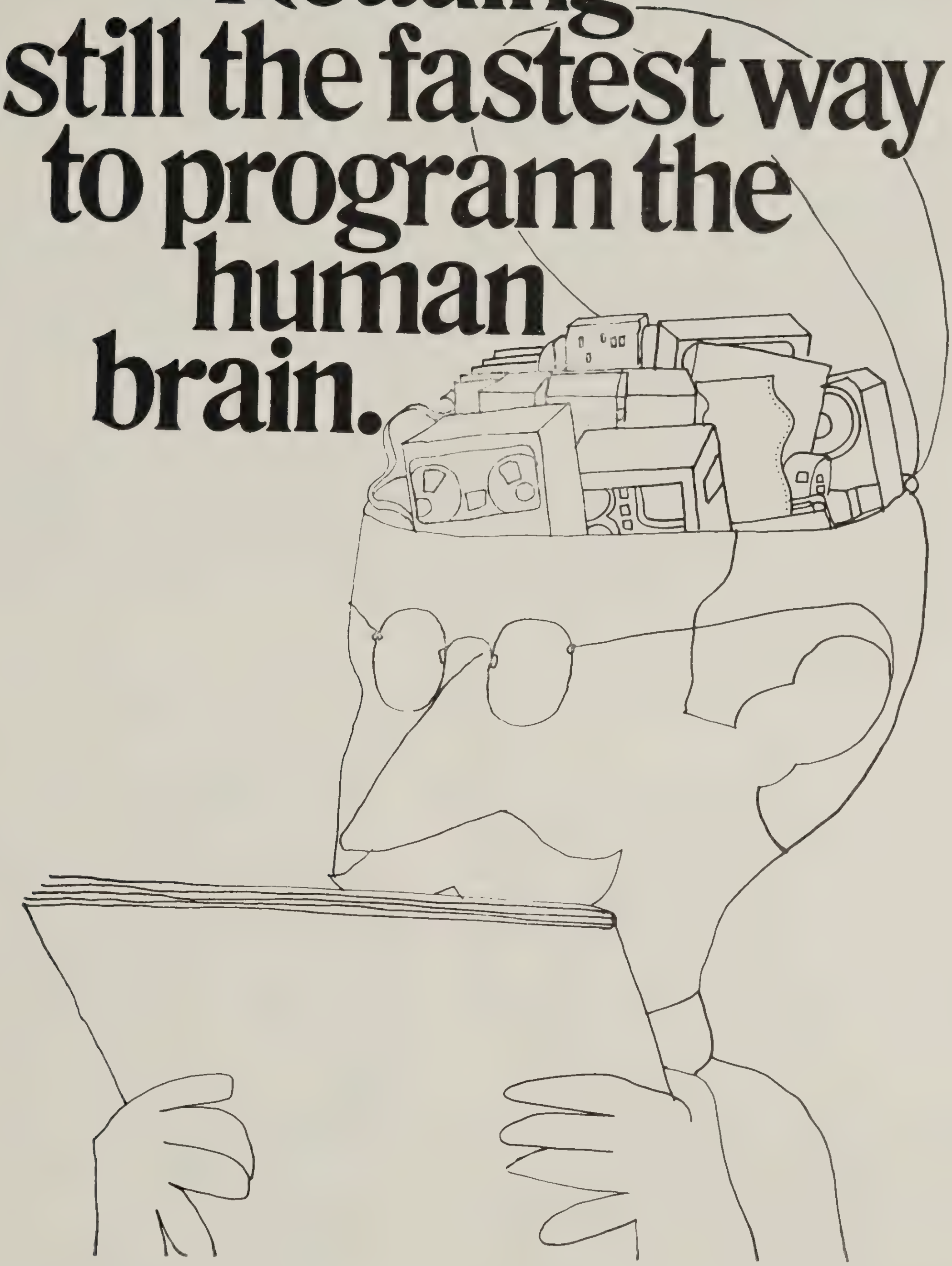
Reading is still the fastest way to program the human brain.



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This Month's New Drugs

DRUG NAME: KEFLEX (cephalexin monohydrate)

MANUFACTURER: Eli Lilly and Co.

DESCRIPTION: A semisynthetic cephalosporin antibiotic intended for oral administration.

HOW SUPPLIED: Capsules equivalent to 250 mg. cephalexin, are supplied in bottles of 24. Oral suspension equivalent to 125 mg. cephalexin per 5 ml. is supplied in 100 ml. size.

DRUG NAME: VERSAPEN-K (potassium hetacillin), VERSAPEN (hetacillin)

MANUFACTURER: Bristol Laboratories

DESCRIPTION: A semisynthetic antibiotic derived from the penicillin nucleus, 6-amino penicillanic acid. Its antibiotic activity results from the rapid conversion of the hetacillin moiety to ampicillin.

HOW SUPPLIED: Capsules of potassium hetacillin equivalent to 225 or 450 mg. ampicillin per capsule. Chewable tablets equivalent to 112.5 mg. ampicillin per tablet. Oral suspension equivalent to 112.5 mg. ampicillin per 5 ml. Pediatric drops equivalent to 112.5 mg. ampicillin per ml. For intravenous use—225 mg. and 450 mg. equivalent of ampicillin per vial. For intramuscular use—225 and 450 mg. equivalent of ampicillin per vial.

DRUG NAME: CLEOCIN HC1 (clindamycin HC1 hydrate)

MANUFACTURER: UPJOHN

DESCRIPTION: A new semisynthetic antibiotic produced by 7-chloro-substitution of the 7(R)-hydroxyl group of the parent compound lincomycin. This chemical alteration gives clindamycin more *in vitro* potency, better oral absorption and fewer gastrointestinal side effects than the parent compound.

HOW SUPPLIED: Capsules containing equivalent of 75 mg. clindamycin base in bottles of 16's and 100's. Capsules containing equivalent of 150 mg. clindamycin base in bottles of 16's and 100's.

Cost of New Drug Development

Did you know that it takes approximately six years from the time a drug is discovered to when it actually becomes available—and this under favorable circumstances?

Dr. George deStevens, executive vice-president and director of research of CIBA Corporation, who reported this recently, estimated also that average development costs of a single new drug are $7-million. If the drug does not prove out, this large investment in time and money can be completely wiped out, according to the drug industry executive.

Research on a life-saving or life-prolonging drug is expensive and filled with risks, he explained, but such risks must be accepted as part of the necessary process of developing new drugs for the improvement of human health.

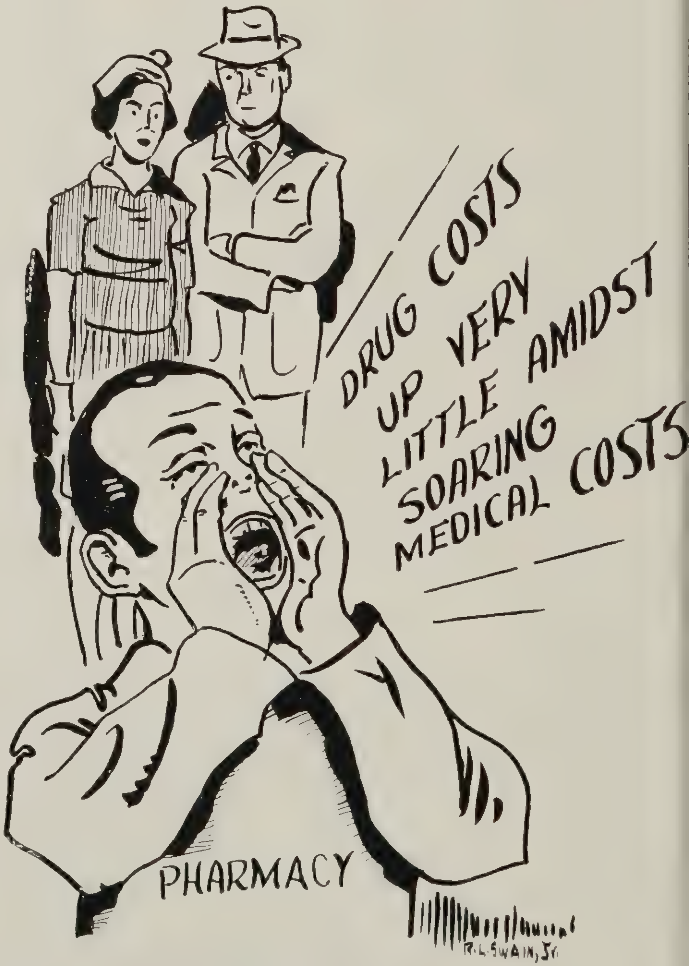
Wonder Drugs of the 70s?

Prostaglandins, a group of body chemicals found in various human tissues and fluids, now being researched by various U.S. drug companies, have been found to be effective against a wide range of medical problems. Potential application of prostaglandins include their use in aborting pregnancies, inducing labor in pregnant women, lowering blood pressure, and controlling peptic ulcers. Eventually, they also may be used as a once-a-month birth-control pill.

To date, 14 prostaglandins have been found, an article in a recent issue of *Chemical Week* reports. Large scale production is difficult because the molecules are so complex.

According to the article, research programs have been underway in the U.S. for as long as 10 years. It is expected that after the U.S. Food and Drug Administration requirements are met, and production problems have been solved, prostaglandin drugs should be available in the U.S. about 1975-78.

The possibility is noted that the first prostaglandin product may be on the market in Europe by the end of 1971, "probably to induce labor."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4. **A professional planning and remodeling service** within our organization which includes complete service in floor design, fixture and installation.
5. **Professional help in site selection,** store development and in lease acquisition for desirable sites.
6. **Computerized inventory and billing systems.** This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.
7. **A financial service consultant** to service you on request.
8. **Professional Services Department.** A professional services department which provides you with vital assistance in the form of direct services and/or consultation in areas including: Medicare, Medicaid, third party payment programs, pharmaceutical inventory control, federal and state regulations, and many other areas.
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GP Academy Plans First Annual Lunch

The Academy of General Practice of Pharmacy of the American Pharmaceutical Association will hold its first Annual Luncheon on Thursday, April 1, in Continental Ballroom No. 5 of the San Francisco Hilton Hotel, during the APhA Annual Meeting, March 27-April 2.

Describing the Luncheon as a "fitting conclusion for the Academy programs," AGP President C. Albert Olson noted that "the Luncheon will provide Academy members with the opportunity to honor the Daniel B. Smith Award recipient and the incoming Academy Executive Committee."

The featured speaker will be Milton Silverman, Ph.D., member of the faculty of the School of Medicine and the School of Pharmacy and Special Assistant to the Chancellor at the University of California at San Francisco. "Now It's Their Turn!" is the title of his address regarding the consumer movement. Dr. Silverman was Executive Secretary of the HEW Task Force on Prescription Drugs.

Tickets for the event will be limited. They will be available at the special Academy booth and the regular APhA Ticket Booth, both located in the Registration area of the Civic Auditorium. The Executive Committee and Academy Delegates also will have tickets available for purchase.

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Francis J. FitzGerald New General Manager of Gilpin Subsidiary

Claiborne B. Morton, Jr., Vice President of Point of Purchase Service Merchandisers, Inc., announced that Francis J. FitzGerald has joined the firm as General Manager.

Mr. FitzGerald is experienced in the rack jobbing business, having been a former Vice President of Richray Distributors from 1954 to 1968, and more recently a Vice President of Clayton Sales, an Arlington based manufacturers representative firm. Born in Washington, D.C., he attended Gonzaga High School and Mount Saint Mary's College in Emmitsburg, Maryland.

Point of Purchase Service Merchandisers, known as "POPS" to its customers, is a subsidiary of The Henry B. Gilpin Company whose executives offices are in Washington, D.C. POPS offers a comprehensive merchandising program in sundries to pharmacies and other outlets in the mid-Atlantic area.

40,000 Covered for Drugs under Maryland Blue Cross

More than 40,000 Marylanders currently are protected against the cost of out-of-hospital drugs by the two-year-old Blue Cross Prescription Drug Program. Blue Cross is processing some 3,000 claims per week from Maryland pharmacies for prescriptions obtained by eligible members. Covered under the program are legend drugs and insulin obtained by a non-hospitalized member. There is no limit to the number of prescriptions or refills a member or dependent may obtain while covered.

Obituaries . . .

Samuel Wolfovitz

Samuel Wolfovitz, 61, proprietor of Sussman's Pharmacy, Baltimore, died December 22, 1970. He was a 1931 graduate of the University of Maryland, School of Pharmacy.

Bernard B. Hackett

Bernard B. Hackett, 60, of Baltimore, died January 1. He was a 1934 graduate of the University of Maryland, School of Pharmacy.

Harold J. Hocking

Harold J. Hocking, 77, Chillum, died January 15. He graduated from Northwestern University, School of Pharmacy in 1917.

Frank M. Noll

Frank M. Noll, 79, Baltimore pharmacist, died on January 31 after a long illness. A native of Waynesboro, Pa., Mr. Noll was associated with Read's, Shuster's and Weltner's Pharmacies during his career. He retired in 1966. He is survived by his wife, the former Frieda Freund.

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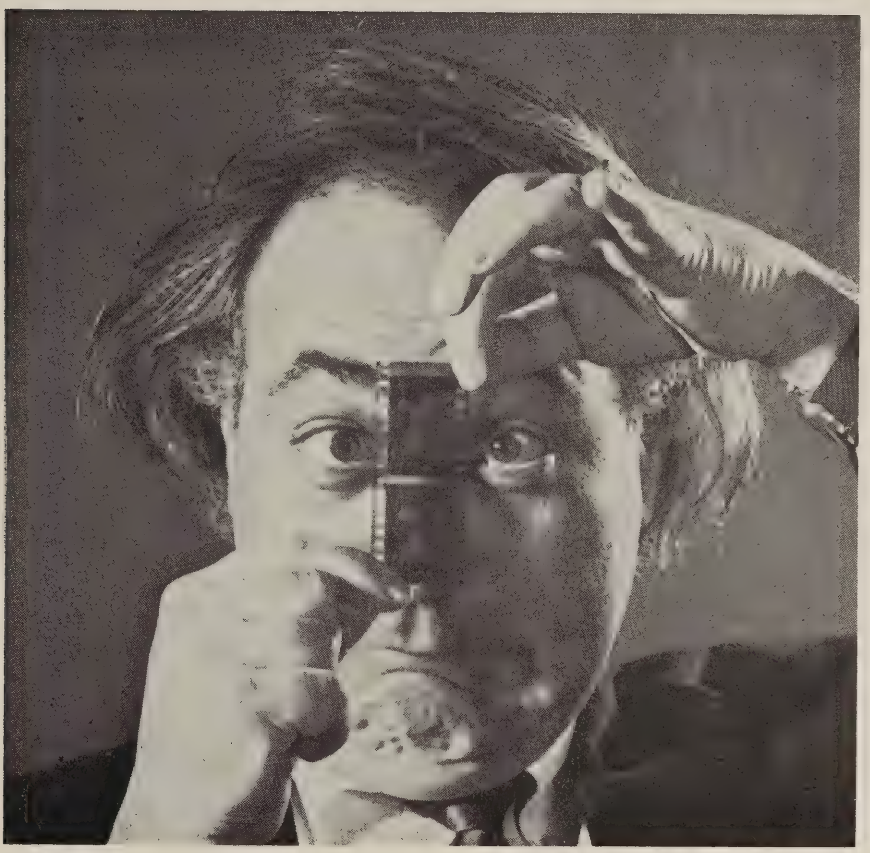

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MARYLAND PHARMACEUTICAL ASSOCIATION
1882

the maryland pharmacist

Editorial:

Maryland Pharmaceutical Association Serves Every Pharmacist and the Public Interest

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Annual Report of the Maryland Board of Pharmacy

An Invitation to All to Attend the
89th Annual Convention
Maryland Pharmaceutical Association
May 16-17, 1971
Hunt Valley Inn
Cockeysville, Maryland

Volume 47 MARCH 1971 Number 3

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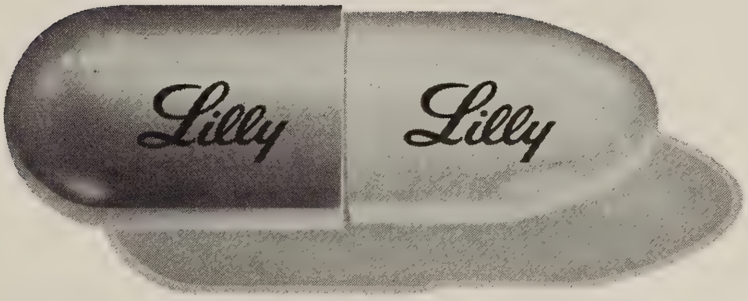

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The Maryland Pharmacist

NATHAN I. GRUZ, *Editor* NORMAND A. PELISSIER, *Assistant Editor*

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Editorial . . .

Maryland Pharmaceutical Association Serves Every Pharmacist And The Public Interest

Through the years MPhA has sought to advance the legitimate interests of pharmacy and pharmacists, always keeping in mind the over-riding interests of the general public.

We have participated in developing guidelines for providing pharmaceutical services to hospitals so that pharmacists will assure professional pharmaceutical practices and safeguards for the benefit of patients.

We want the public assured that they can obtain pharmaceutical services in community pharmacies, with all maintaining high standards of professional practice.

Today comprehensive pharmaceutical practice in community and hospital pharmacies certainly must include a capability for maintaining, retrieving, and utilizing patient medication histories for *all* drugs used by patients.

Prescription prepayment plans — governmental and private sector—must provide equitable, adequate compensation sufficient to reimburse pharmacists for both professional and administrative functions.

As pharmacists move into situations where all or most of their time is spent functioning as health professionals, their time must be properly considered and they must be justly remunerated.

Practicing as a pharmacist necessitates patient-involvement. The pharmacist serves as a first line of medical contact for many people. He is called upon for advice. We are approaching the time when health delivering systems must consider payment for this service. Perhaps this would be feasible with capitation payment systems where a flat charge per person or per family will cover the cost of service.

We urge every pharmacist to give attention to these issues in pharmacy and participate in developing the ideas and programs which will serve both pharmacy and the public.

Nathan I. Gruz

PHARMACY CALENDAR

April 16—Meeting of Maryland Graduate Chapter of Kappa Psi.

May 16-17—MPhA Annual Convention, Hunt Valley Inn.

May 26—School of Pharmacy Alumni Association Annual Meeting.

June 2—School of Pharmacy Annual Alumni Banquet in Honor of Graduates.

June 5—School of Pharmacy Commencement Exercises.

June 11-13—6th Annual MSHP Hospital Pharmacy Seminar, Ocean City, Md.

The National Formulary XIII

The new National Formulary XIII, published in January 1970, became official September 1, 1970. It represents the results of a five-year revision program by the American Pharmaceutical Association, involving more than 500 persons from the fields of medicine, pharmacy, and chemistry.

Of the 992 officially recognized drugs in NF XIII, 411 are newly admitted. Two hundred twenty-one drugs, recognized in NF XII, have been dropped in going to the new edition.

A new dosage form, aerosols, will be recognized officially for the first time in NF XIII through inclusion of monographs for several therapeutically important aerosol preparations. Leak testing, delivery rate, and pressure testing are among the procedures used to establish standards for aerosol products. In addition to monographs for six individual aerosol dosage forms, NF XIII provides standards and specifications for four aerosol propellants.

In pursuit of its fundamental purpose—to provide standards and specifications which can be used to evaluate the quality of pharmaceuticals—NF XIII has drawn upon and utilized the many recent developments in drug analysis and methodology. The X-ray Diffraction specifications and the Dissolution Test constitute two important examples of the effort made to provide objective means of assessing drug quality with respect to drug forms and formulations, as these attributes may influence the biological performance of the article.

An admissions policy based on the therapeutic value of the drug again serves as the sole criterion for articles admitted to the NF for medicinal purposes, with combination drugs gaining admittance only if the combination offered a "distinct therapeutic advantage" over the separate components.

The National Formulary XIII is available from the Mack Publishing Co., Easton, Pessylvania 18042 at a cost of $15.00.

Maryland Graduate Chapter Kappa Psi

The Maryland Graduate Chapter of Kappa Psi Pharmaceutical Fraternity is sponsoring a dance to be held on Friday, April 16, 1971 at the Famous Ballroom, 1717 N. Charles Street, Baltimore, from 9 p.m. to 1 a.m. The dance, entitled "The Spring Tonic" will feature "A. J. and the Essentials." Tickets are available at $7.00 per couple from Larry Hogue, Mike Luzuriaga or Jim Culp.

let's get down to **brass** tacks

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For 126 years, the Henry B. Gilpin Company has been aiding pharmacists in the practice of their profession. At the outset, our services were comparatively simple but complete. Today they are more complex but still complete. One of these services—*so vital to a profitable pharmacy*—is promotion and advertising. When it comes to selling, come to Gilpin. We are prepared to provide you with an on-going advertising and promotional program. We also maintain the necessary stocks of promotional merchandise and in-store merchandising aids required for a successful program. Now is the time to nail down your profits with a "**brass tacks**" advertising plan tailored for you by the specialists at Gilpin.

1. **An experienced, pharmacy oriented sales force** trained to assist you in merchandising and store operations. In addition to their own experience, these men are prepared to immediately draw upon a wealth of experience in every phase of store operations which exist within the Gilpin company now.
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Annual Report of the Maryland Board of Pharmacy

1969 1970

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to the Honorable Marvin Mandel, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the sixty-seventh report to the Governor of the State and the fifty-seventh to the Association. The report covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1970. For the first time, this report is being submitted to the Secretary of the Department of Health and Mental Hygiene.

Personnel

During the year the Board held fourteen meetings, six of which were held at the School of Pharmacy of the University of Maryland, for the purpose of conducting examinations for registration of pharmacists.

At its first meeting the Board reorganized and elected Mr. A. J. Ogrinz, Jr., President and Mr. F. S. Balassone, Secretary-Treasurer. The other members of the Board were: Messrs. Norman J. Levin, Howard L. Gordy and Morris R. Yaffe.

At the annual meeting of the Maryland Pharmaceutical Association held at the Tamiment-in-the-Poconos, Tamiment, Pennsylvania on July 13-17, 1969, the Nominating Committee submitted the following names which were later submitted to the Governor as possible successors for Alexander J. Ogrinz, Jr. whose term would expire on April 30, 1970:

Alexander J. Ogrinz, Jr.
Frank Block
Harry Wille

Governor Mandel appointed Frank Block a member of the Board for a term of five years, beginning May 1, 1970.

Since Mr. Ogrinz was not reappointed, the Board reorganized and Mr. Norman J. Levin was elected President by unanimous vote.

On June 24th a letter signed by all the Board members was given to Mr. Ogrinz, which reads thusly:

"Mr. Alexander J. Ogrinz, President
3200 Parkside Drive
Baltimore, Maryland 21214

Dear Al:

This is to acknowledge your long, dedicated period of service to the Board of Pharmacy and the people of the State of Maryland.

The dedication, interest and application to Board matters shall remain a symbol for all successive members to emulate.

The cheerful manner and the wealth of pleasantries we have shared is a memory we shall always treasure.

In your personal and professional activities we wish you great success and happiness, and with every hope that you will continue to maintain interest in our activities, we remain

Cordially,"

Examination

The Board conducted two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on October 27, 28 and 29, 1969 and on June 22, 23 and 24, 1970.

There were twenty-three applicants for the full Board in October. Twenty passed both the theoretical and practical portions of the examination and were subsequently registered. Three failed the examination.

Having previously passed the theoretical portion of the examination, fifty-four candidates took the practical examination in October. All of these candidates passed and were subsequently registered.

One applicant took only the theoretical portion of the examination. This applicant passed and will take the practical examination upon completion of his practical experience.

One applicant took only the practical portion of the examination, as he did not have the required experience for reciprocity. This applicant passed and was subsequently licensed by reciprocity in Maryland.

There were seven candidates who were eligible to take the full Board. Of these, six passed and were subsequently licensed and one failed this examination.

Ninety-one candidates were eligible to take the theoretical portion of the examination. Of these, eighty-two passed and eight failed this portion of the examination. One student was not able to take the theoretical portion of the examination due to illness.

Two applicants having previously passed the theoretical portion of the examination took the practical examination. Both of these applicants passed and were subsequently registered with the Board.

Four applicants took only the practical portion of the examination as they did not have the required experience for reciprocity. All of these applicants passed and were subsequently licensed by reciprocity in Maryland.

The subjects assigned at both the October, 1969 and the June, 1970 examinations were as follows:

Chemistry	Alexander J. Ogrinz, Jr. Frank Block
Pharmacy and Jurisprudence	Norman J. Levin
Materia Medica and Pharmacognosy	Morris R. Yaffe
Chemical and Pharmaceutical Mathematics	F. S. Balassone
Practical Pharmacy	Howard L. Gordy

Record of Examinations Held

October 27, 28 and 29, 1969

Applicants	Passed	Withheld	Failed
88	85	0	3

June 22, 23 and 24, 1970

Applicants	Passed	Withheld	Failed
99	8	82	9

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
187	93	82	12

The following table shows the number of pharmacists who were registered by examination during the past ten years:

YEAR	NUMBER OF PHARMACISTS
1960-1961	63
1961-1962	62
1962-1963	74
1963-1964	100
1964-1965	11
1965-1966	64
1966-1967	58
1967-1968	41
1968-1969	60
1969-1970	93

As in the past many pharmacists applied for reciprocal registration in Maryland in order to accept positions with their employers who are opening stores in Maryland.

Those applicants who did not meet our requirements concerning practical experience prior to or after registration were advised that they must take our practical examination in order to verify their qualifications.

In all cases an applicant for reciprocal registration must appear for a personal interview. The entire Board must act on whether or not to grant registration to such applicants, who must sign an agreement to comply with Maryland's laws pertaining to drugs and pharmacy.

The following table shows those granted registration by reciprocity during the 1970 Fiscal Year:

Registered By Reciprocity

Name	Certificate Number	Dated	State
James A. Harris	7072	July 10, 1969	Oklahoma
Michael A. Krun	7073	July 10, 1969	Pennsylvania
Brian P. Martin	7074	July 10, 1969	Rhode Island
Sidney M. Miller	7075	July 10, 1969	Massachusetts
James R. Weitzel	7076	July 10, 1969	Dist. of Columbia
Priestly J. Mance	7077	July 16, 1969	Dist. of Columbia
Dawn B. Henderson	7078	July 31, 1969	Michigan
Henry J. Levin	7079	July 31, 1969	Pennsylvania
Karen M. Pahoresky	7080	July 31, 1969	Nebraska
Gary L. Fox	7081	Aug. 6, 1969	New Hampshire
Irving Goldman	7082	Aug. 6, 1969	West Virginia
Catherine S. Putz	7083	Aug. 6, 1969	Minnesota
Henry W. Theis, Jr.	7084	Aug. 6, 1969	New Jersey
James C. Cradock	7094	Aug. 14, 1969	Missouri
Alfred E. Friendman	7095	Aug. 14, 1969	New Jersey
Renard R. Monti	7096	Aug. 14, 1969	Minnesota
Gerson T. Serody	7097	Aug. 25, 1969	Pennsylvania
Susan C. Wolf	7098	Aug. 25, 1969	Rhode Island
James S. Burks	7099	Aug. 29, 1969	West Virginia
David A. Dodge	7100	Aug. 29, 1969	Michigan
Lance W. Berkowitz	7101	Sept. 15, 1969	Dist. of Columbia
Raymond M. Stewart	7102	Sept. 15, 1969	Georgia
Richard L. Marden	7103	Sept. 26, 1969	New Hampshire
Peter A. Moulton	7104	Sept. 26, 1969	New Hampshire
Harry Collins	7105	Oct. 30, 1969	Pennsylvania
Anthony J. Farny	7106	Oct. 30, 1969	Indiana
Audrey R. Liffring	7107	Oct. 30, 1969	Alabama
George S. Buckner, Jr.	7108	Nov. 14, 1969	Nebraska
James R. Guerin	7109	Nov. 14, 1969	Louisiana
Haskel D. McAnear	7110	Nov. 14, 1969	Oklahoma
Suzanne S. Penzotti	7111	Nov. 14, 1969	North Carolina
Richard E. Rumrill	7112	Nov. 14, 1969	Connecticut
Janet T. Carriuolo	7146	Nov. 14, 1969	Massachusetts
Charles R. Perakis	7147	Nov. 20, 1969	Massachusetts
Ronald G. Cohen	7173	Dec. 3, 1969	Virginia
Maurice Kooba	7174	Dec. 3, 1969	New York
Norman Moritz	7175	Dec. 3, 1969	Pennsylvania
Ralph D. Pittle	7176	Dec. 3, 1969	New Jersey
Stephen J. Sweeney	7177	Dec. 3, 1969	Minnesota
Sammy T. Herrod, Jr.	7178	Dec. 3, 1969	Louisiana
Troy D. Ballew	7180	Dec. 11, 1969	Oklahoma
John P. Corless	7185	Dec. 23, 1969	Pennsylvania
Joseph L. Pedulla	7186	Dec. 23, 1969	New York
Nathan Weston	7187	Dec. 23, 1969	New York
Jule K. Deloye	7193	Jan. 20, 1970	Wisconsin
Carolyn M. Bowles	7195	Jan. 26, 1970	Oregon
Leroy Bradley	7196	Jan. 26, 1970	Dist. of Columbia
Leon L. Cohen	7197	Jan. 26, 1970	Dist. of Columbia
Thomas D. Langston	7198	Jan. 26, 1970	Dist. of Columbia
Herbert S. Lebowitz	7199	Jan. 26, 1970	Pennsylvania
Kendall W. Lok	7200	Jan. 26, 1970	Utah
Harold D. Thornton	7201	Jan. 26, 1970	Dist. of Columbia
B. Elliot Cohen	7205	Feb. 2, 1970	New York
Mattie T. Simmons	7206	Feb. 2, 1970	Dist. of Columbia
Man Ko Yim	7207	Feb. 2, 1970	North Carolina
Gerald A. Sievers	7209	Feb. 19, 1970	Nebraska
Herbert Gerstenzang	7210	Mar. 6, 1970	New York
Alfred S. Jackson	7211	Mar. 6, 1970	Louisiana
James W. Menzie	7212	Mar. 6, 1970	Oklahoma
William S. Padgett	7213	Mar. 6, 1970	Kansas
Anthony C. Jung	7214	Mar. 19, 1970	Texas
Carol L. Knoth	7215	Mar. 19, 1970	Indiana
Susan J. H. Barnes	7216	April 3, 1970	Iowa
Charles R. Burt	7217	April 28, 1970	Ohio
Robert G. Leventhal	7218	April 28, 1970	New York
Nelden C. McCort, Jr.	7219	April 28, 1970	West Virginia
Jackie R. Simmons	7220	April 28, 1970	Texas
Zulma C. Reaux	7221	May 19, 1970	Texas
Joanne G. Denkevitz	7222	May 13, 1970	Michigan
Robert J. McAuley	7223	May 13, 1970	Pennsylvania
Steven C. Shaw	7224	May 13, 1970	New Jersey
Ronald C. Punch	7225	June 11, 1970	Texas
Lawrence H. Levin	7226	June 12, 1970	Pennsylvania
Luigi DeBoni	7227	June 16, 1970	West Virginia
Donald A. Shaw	7228	June 16, 1970	Massachusetts

Pharmacy Permits

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register by reciprocity in other states during the past ten years:

Fiscal Year	Reciprocity	Certified for Registration in Other States
1960-1961	33	18
1961-1962	35	20
1962-1963	54	18
1963-1964	46	23
1964-1965	63	20
1965-1966	44	25
1966-1967	61	27
1967-1968	64	20
1968-1969	84	27
1969-1970	75	40
Total	559	238

The table shows Maryland gained 321 pharmacists by reciprocity during the past ten years.

Counties:

Location	1968-1969	1969-1970
Allegany	23	22
Anne Arundel	52	53
Baltimore	138	144
Calvert	1	1
Caroline	3	3
Carroll	12	11
Cecil	9	10
Charles	7	7
Dorchester	3	3
Frederick	14	14
Garrett	3	3
Harford	21	21
Howard	9	10
Kent	3	3
Montgomery	86	86
Prince George's	87	98
Queen Anne's	4	4
Saint Mary's	4	4
Somerset	5	5
Talbot	8	9
Washington	18	16
Wicomico	13	13
Worcester	7	7
County Totals	530	547
Baltimore City	257	238
State-wide Totals	787	785

The above figures include permits issued to hospitals in the counties as follows:

Allegany	2
Anne Arundel	2
Baltimore	3
Cecil	1
Frederick	1
Harford	1
Howard	1
Montgomery	3
Prince George's	3
Washington	1
Wicomico	1
Total	20

In Baltimore City, 15 hospitals received a permit to operate a pharmacy. Thus, a total of 35 hospitals have a licensed pharmacy. Six nursing homes have received a "limited" pharmacy permit, and one State Penal Institution was also licensed.

From July 1, 1969 through June 30, 1970 permits have been issued to 20 new pharmacies. A total of 19 pharmacies have closed and have not, as yet, been reopened as pharmacies.

The following table shows the number of pharmacies opened, changes in ownership, and closed during the year:

	Opened	Changes in Ownership Corporation, and/or Address	Closed
Counties	16	15	6
Baltimore City	4	6	13
Total	20	21	19

The following table shows the number of pharmacies opened, changes in ownership, etc. and closed in the past ten years:

Fiscal Year	Opened	Changes	Closed
1960-1961	41	41	25
1961-1962	34	31	15
1962-1963	39	45	22
1963-1964	20	38	20
1964-1965	22	34	20
1965-1966	27	46	44
1966-1967	41	27	25
1967-1968	24	37	35
1968-1969	34	19	51
1969-1870	20	21	19

Certificate of Registration Renewals

There are some who are still not aware of the biennial registration renewal which became effective in June 1961. The following shows the renewal periods, the number of new renewals during the past year, and the total renewals to date:

Renewal Period	Renewals During Fiscal Year	Total Renewals
1961-1962	6	2,341
1963-1964	6	2,397
1965-1966	9	2,632
1967-1968	8	2,733
1969-1970	13	2,861

Manufacturer's Permits

Permits to manufacture drugs, medicines, toilet articles, dentifrices or cosmetics during 1970 were issued to 50 firms, 40 of which were "limited" permits. An applicant applying for a permit for newly established company is required to appear before the Board and to furnish all information the Board considers pertinent to the conducting of such operation.

Dangerous Drug Distributors' Permits

The Board issued 140 permits to sell, distribute, give or in any way dispose of dangerous drugs during 1970. It is not necessary for a subsidiary or subsidiaries of a company to have a separate permit, as they are covered under the permit held by the parent company.

Prescription Survey

The following table shows a survey of prescriptions filled in 1969:

PRESCRIPTION SURVEY — 1969

Baltimore City

Average Number New Prescriptions Filled in 93 out of 229 Pharmacies	13,506	
Average Number Prescriptions Refilled in 93 out of 229 Pharmacies	7,356	20,86
Average Price of Prescriptions in 93 out of 229 Pharmacies	$3.37	
Estimated New Prescriptions Filled in 229 Pharmacies	3,092,874	
Estimated Prescriptions Refilled in 229 Pharmacies	1,684,524	4,777,39

Counties

Average Number New Prescriptions Filled in 216 out of 507 Pharmacies	16,691	
Average Number Prescriptions Refilled in 216 out of 507 Pharmacies	13,190	29,88
Average Price of Prescriptions in 216 out of 507 Pharmacies	$3.56	
Estimated New Prescriptions Filled in 507 Pharmacies	8,462,337	

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Estimated Prescriptions Refilled in 507 Pharmacies	6,687,330	15,149,667

State

Estimated New Prescriptions Filled in 736 Pharmacies	11,555,211	
Estimated Prescriptions Refilled in 736 Pharmacies	8,371,854	19,927,065

Legislation

There were many Bills introduced in the 1970 session of the legislature. However, three Bills are of immediate interest to pharmacists and to the Board.

House Bill 1421

This Bill sought to increase membership of the Board members from five to seven members, and remove the geographical limitations to membership on the Board and to have the per diem established by the Secretary of Health and Mental Hygiene.

This Bill was not enacted.

Senate Bill 89

A pharmacist shall affix to the container in which the medication is dispensed, when indicated by the prescriber, a label showing the name and strength of medication prescribed, in addition to all other information required by law.

This Bill was enacted into law.

S.B. 89

AN ACT to add new Section 254A to Article 43 of the Annotated Code of Maryland (1965 Replacement Volume and 1969 Supplement), title "Health," subtitle "Commissioners of Pharmacy," to follow immediately after Section 254 thereof, to provide that a label with the name and strength of medication prescribed may be affixed to the container of any medication sold or dispensed by a pharmacist on a prescription issued by a doctor or dentist at the request of the doctor or dentist and to provide further for a penalty for violation of the provisions of this Section.

SECTION 1. Be it enacted by the General Assembly of Maryland, That new Section 254A be and it is hereby added to Article 43 of the Annotated Code of Maryland (1965 Replacement Volume and 1969 Supplement), title "Health," subtitle "Commissioners of Pharmacy," to follow immediately after Section 254 thereof, and to read as follows:

254A.

Whenever a pharmacist sells or dispenses any medications on prescription issued by a physician or a dentist, he shall affix to the container in which the medication is sold or dispensed, when indicated or requested by the prescriber, a label showing the name and the strength of medication prescribed, in addition to all other information required by law. In listing the established or trade name, the label shall conform to the name used by the practitioner in his prescription. No person shall alter, deface, or remove any label so affixed so long as any of the original contents remain. Any person failing to observe the provisions of this section is guilty of a misdemeanor, and upon conviction thereof, shall be fined fifty dollars ($50.00). Pharmacists violating this section shall be subject to disciplinary action by the Board of Pharmacy.

SEC. 2. And be it further enacted, That this Act shall take effect July 1, 1970.

Senate Bill 883

This Bill repealed several of our present statutes; namely, the Narcotic Drug Act, Drug Abuse Control Act, Unsolicited Mailing of Drugs, Possession of Barbiturates and Amphetamines and in lieu thereof, a new sub-heading known as Controlled Dangerous Substances.

This Bill was enacted into law.

In resume, this Bill provides for Definitions of drugs covered therein; provides for four schedules of drugs, registration of persons dispensing or handling drugs; publishing of schedules; record and inventory keeping; administrating inspections; penalties, etc.

Because this Bill comprises some 31 pages and because some portions are vague and ambiguous, several Attorney General opinions have already been requested in order to seek clarification and guidance in the implementation of the Act. As soon as we receive clarification of the interpretations, we shall proceed with dispatch to make this information available to all persons concerned or affected by the Act.

Senate Bill 15, which was passed in the 1970 Session of the Legislature, removes the special fund provision. This Board will function as a general fund agency as of July 1, 1970.

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association which was held in conjunction with the American Pharmaceutical Association was held in Washington, D.C. on April 12-17, 1970. The Board was represented by Secretary F. S. Balassone and Morris R. Yaffe.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of the National Association of Boards of Pharmacy, District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia, and West Virginia. The annual meeting was held in Wilmington, Delaware on October 2-4, 1969. Secretary Balassone was the official delegate of the Board at the meeting.

Secretary-Treasurer F. S. Balassone was made the official delegate of the National Association of Boards of Pharmacy to the annual meeting of the Association of Food and Drug Officials of the United States which was held in San Francisco, California on June 14-19, 1970, and also served as a member of the Committee on Drugs, Devices, Cosmetics and Hazardous Substances.

Secretary Balassone served as a member of the Awards Committee of the Central Atlantic States Association of Food and Drug Officials of the United States and attended the annual meeting in Ocean City, Maryland on May 25-27, 1970.

Secretary Balassone attended the Decennial Convention of the United States Pharmacopoeial Convention which met in Washington, D.C., April 8-10, 1970, representing the Association of Food and Drug Officials of the United States.

A Tri Partite Committee was established to study review and make recommendations regarding internship which would make this experience more meaningful to students. The Committee is composed of Mr. Frank Block and Secretary F. S. Balassone representing the Board, Dean William J. Kinnard and Dr. R. Shangrav representing the School of Pharmacy, and Mr. Nathan Gruz, Executive Director and Paul Freiman representing the Maryland Pharmaceutical Association.

The Board maintained cooperative activities with the State Department of Health and Mental Hygiene, the School of Pharmacy—University of Maryland, the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, Federal Bureau of Narcotics and Dangerous Drugs, Food and Drug Administration, City, County and State Police.

Mind-Body Phrases Acknowledge Psychosomatic Illness

Psychosomatic illness has its origin in a patient's mind. However, such illness is very real, and according to information from the Duke University Medical Center division of psychosomatic medicine, patients have been known to die as a result.

Many patients are unwilling to accept the fact that emotions and stressful situations can play a part in bringing on physical disability, the Center has found, and ask the physician for a "cure," rather than for the help they really need.

Such "mind-body phrases" as "you make me sick" or "he gives me a pain" are indicative that unconsciously people recognize strong emotions can be reflected in physical illness.

The Drug House Reports Sales Increase

The Drug House, Inc., drug wholesaler with locations in Philadelphia, Trenton, and Newcastle, Delaware, reports net sales of $33,957,676 for 1970, a gain of 2.8 per cent over 1969, and net income of $539,893, an increase of 17.8 per cent.

TDH Chairman J. Mahlon Buck, Jr. attributes the improvement "to more agressive merchandising and data processing activity, together with increasing efficiency and cost control throughout every phase of the company's operations." Directors of TDH have voted to establish a 12½ cent semi-annual dividend, payable April 12 to stock of record March 26.

Red Cross Rejects Marihuana Users

A recent blood drive at the University of Maryland campus at College Park fell short of its goal, apparently because it refused donors who smoked marijuana. The drive wound up 136 pints short of its 900 pint goal after Red Cross officials refused to take the blood of students who had smoked even one marijuana cigarette.

Dr. Evan Stone, the district Red Cross director, said the ruling was made because not enough is known about the effects of marijuana. "If we're going to have the safest blood possible, then let's live up to it," he said. A guard was stationed at the door to inform donors of the rule. It was not known how many students were turned away. A drive last November without restriction was successful.

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(302) 655-7401

MPhA *Executive Committee Meetings*

The MPhA Executive Committee meetings run about 3 to 4 hours, sometimes longer. The following are highlights from the 1971 meetings.

January 7, 1971

1. Communications included acknowledgement for furnishing speakers on "Drug Abuse" and for assistance to the Baltimore City Public Schools. Receipt of regulation by State Department of Health and Mental Hygiene placing sales of needles and syringes by pharmacists only.
2. Report on Testimonial Dinner for John Crozier, retiring general manager of Calvert Drug Company.
3. Review of 1970 financial statement by the Treasurer, indicating deficit and need for more effort particularly in the areas of dues and sustaining membership.
4. Executive Director reported on efforts resulting in completion of MPhA affiliation with APhA. Services by APhA to affiliated states were detailed.
   A report of two-day meeting at APhA of affiliated state association executives in Washington was made. Major problems facing pharmacy were reviewed in depth. Mr. Gruz reported he emphasized to APhA the critical need for pharmacy to develop ideas and programs for pharmaceutical service for incorporation in the national health insurance plans that are being proposed.
5. Executive Director reported on his other activities, including: Medicaid, convention planning, legislative conferences with medical society and other health professions, Maryland Pharmaceutical Foundation, legislator contacts, BMPA Banquet.
6. The Membership Committee report indicates an increase in total membership to 766 versus 745 for 1969. There was an increase in the salaried pharmacist category and a decrease in the owner-managers.
7. A report was made on the Simon Solomon Pharmacy Economics Seminar's excellent program, but a deficit was entailed.
8. Reports on the Diabetes Detention and Children's Dental Health Week were made.
9. The referral of patients by physicians to certain pharmacies was discussed and referred to Joint Pharmacy Liaison Committee with the Medical Society.
10. "The Principles and Guidelines for Hospital Pharmacy," prepared with representatives of MPhA, Board of Pharmacy and MSHP were endorsed. An appropriation was made to subsidize publication for distribution to institutions.
11. A legislative report was made on proposals for The Board of Pharmacy, a Commission on Pharmacy Discipline and a new state Food, Drug and Cosmetic Act.
12. The Maryland Pharmaceutical Foundation assumed financial responsibility for The Swain Model Pharmacy at the School of Pharmacy. Dr. Samuel Fox, President, is working on a solicitation campaign.
13. A report on The National Pharmacy Insurance Council by the MPhA representative was made on the universal Rx form, dual fee system, medication record cards and formulary, and pharmacy identification number.
14. A meeting with the State on the basis of computing "cost" under the Medicaid Program was held.
15. State prepaid programs and health centers associated with hospitals was reported on.
16. Delegates to the APhA House of Delegates were approved: Anthony Padussis, Nathan Schwartz, Sydney Burgee, Mary Connelly and Nathan I. Gruz.
17. The need to delineate the role of MPhA in group practice and non-profit health organizations was proposed.

February 4, 1971

1. The President reported on two-day meeting of APhA Committee on Professional Relations, which includes a recommendation recognizing the use of supportive personnel (technicians). A task force on this has been set up by the School of Pharmacy.
   A report was made on the NARD Legislative Conference in Washington.
   MPhA is cooperating with Planned Parenthood.
2. An appropriation was made for a gift to John Crozier at his testimonial dinner.
3. Executive Director reported on Medical Assistance Advisory Committee meeting, which is working on reorganization. Other activities included: Inauguration of Governor, legislative contacts; conference on survey on "cost of filling an Rx" and other third party payment plan matters; meeting with other health professions on legislation; MPhA Convention and trip; sustaining membership; Poison Prevention.
4. Plans for the 1971 Convention and reconvened sessions in Jamaica were presented.
5. Public Information Committee reported on Poison Prevention and Venereal Disease Education campaigns.
6. A new prepayment, "Prescription Drugs, Inc." was reviewed.
7. A report was made on Medicaid, Jaffe Associates and Paid Prescriptions plans.
8. Legislative Committee report was approved.
9. Continued membership of MPhA as an affiliate of NARD was endorsed.

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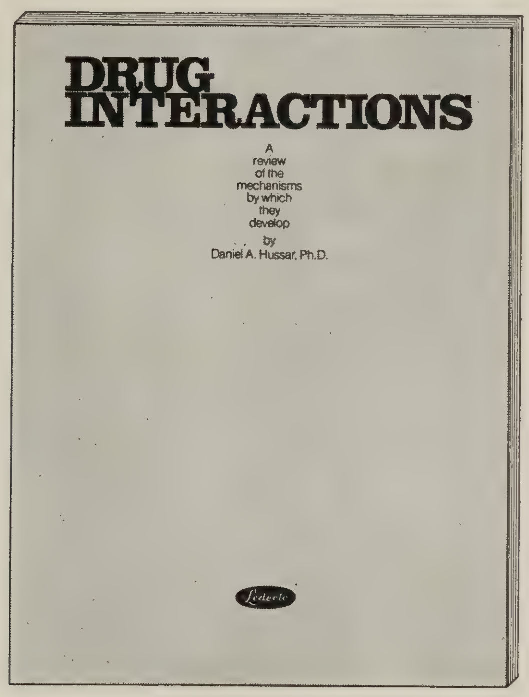

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LAMPA News

LAMPA Goes to the John A. Crozier Testimonial Dinner

Thursday evening, February 18, 1971 was indeed a night to remember—not only for John and Nan Crozier, but for every one of the 428 who attended the testimonial dinner given in their honor at the Blue Crest North in Pikesville, Maryland.

The guest list ran the gamut from fledgling manufacturer's representatives to the president of the Federal Wholesale Drug Association. Pharmacists, both active and retired, were very much in evidence. Represented were those in community service, in education, in government, and in publishing. The allied drug trades were also present. There were friendly competitors and close relatives attending along with fellow Calvert Drug Company employees and the son of one of the founders of the company. Naturally, LAMPA ladies were very much around —prettying up the occasion in their "mixi" fashions ("mixi"—meaning pants dresses, midis, maxis, peasant style and at-the-knee lengths).

Since a testimonial dinner is almost synonymous with awards, John was presented with many interesting gifts. The Federal Wholesale Drug Association, of which John is the only person to have served two terms as president, gave a plaque appointing him an honorary director, for life, in that organization. The Governor of our State, through a representative, conferred a Certificate of Distinguished Citizenship. The Mayor of Baltimore City also recognized the event by issuing a commemorative letter.

Diamond studded gold cuff links and tie tac were presented by the Maryland Pharmaceutical Association and a diamond studded, gold, past president's pin was presented by the Travelers Auxiliary of the Maryland Pharmaceutical Association. The Baltimore Metropolitan Pharmaceutical Association honored John with a large crystal compote as a "token of our recognition of his accomplishments and contributions to the profession of pharmacy."

A framed scroll of appreciation was given by the Alumni Association of the University of Maryland School of Pharmacy. A light note was injected into the presentations by the Ladies Auxiliary of the Maryland Pharmaceutical Association when they conferred honorary, life membership in their group. LAMPA also gave a host jacket, as well as providing the Guest Register and a Memento Book of the Testimonial. U.S. Savings Bonds in various denominations were presented by the Wedgewood Club, the Arex Club and the Calvert Drug Company.

Unique, insofar as they came from competitors, were gifts from the Loewy Drug Company—a handsome plaque, and a silver bowl from the H. B. Gilpin Company. The Calvert Board of Directors gave John a beautiful plaque. A large framed portrait, a gift from all those attending, climaxed the evening's presentation. Paramount Photo Supply, who took pictures of the evening's festivities, will present a photo album of the pictures at a later date.

Thorughout the evening, guests were reminiscing—each had their favorite anecdote—a kindness performed —an unsolicited favor—a decision that went well. Words like dedication, judgement, friendship, work, patience were repeated many times. You cannot summarize 44 years of unselfish devotion quickly, or easily.

Some of the guests travelled long distances for the sole purpose of attending the Testimonial, but all were of one mind—they wanted to and were happy to be at the John A. Crozier Testimonial.

—Ann Crane
Communications Secretary

New Developments In Drug Abuse

"Shot Glass" Pipes

Shot glass pipes are replacing hashish and water pipes, reports the Rotterdam, N.Y., Police Department. An ordinary shot glass is covered with a piece of aluminum foil, and small holes are put into the foil with a toothpick. A larger hole is made in the foil at the rim of the glass, and the pipe is complete. A small amount of hashish is burned on the foil over the holes. The smoke is then drawn down into the glass and out the larger hole. After use, the foil is neatly thrown away, leaving no residue as evidence.

Glassine Envelopes

Glassine envelope production in sizes 1½ x 1½ and 1¾ x 1¾ inches has been discontinued by one of the largest manufacturers, as the result of Congressional hearings.

Parrot Food

Officers of the Portland Oregon Police Department had noticed over a period of months that youngsters seemed to be buying quite a bit of parrot food. Purchases from various pet stores in the area by two officers of the narcotics detail showed the presence of marihuana seeds, not sufficiently baked to prevent germination. The pet food suppliers were contacted and, needless to say, the number of parrot lovers took a drastic drop!

Narcotic Drug Law Arrests Increase

According to the FBI's 1969 "Uniform Crime Reports," representing voluntary statistical reporting from city and county police departments, total arrests increased 24.1% from 1960 to 1969, whereas narcotic drug law arrests increased 491.9% during this period. The age breakdown for the arrests is more startling. Total arrests for persons under 18 increased 105.4% from 1960 to 1969. During this same period, arrests for narcotic drug law violations in this age group increased 2,453.2%.

Further analysis reveals that narcotic drug law violations of males under 18 increased 2,281.1% while arrests of females increased 3,468.0%. Narcotic drug law arrests for persons under 15 years of age showed an increase of 27.0%.

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Hospital Pharmacy Section

Nursing and Pharmacy — Towards Better Patient Care

by Mrs. Jean T. MacVicar,
Director of Nursing, University Hospital, Baltimore

Presented at the Fifth Annual Hospital Pharmacy Seminar of the Maryland Society of Hospital Pharmacists at Ocean City, Maryland on June 13, 1970.

The knowledge explosion is bringing the health professionals to a time of interdependence. The public is concerned with rising hospital costs and is demanding improvement in health services. Students in the health professions want to be involved in service to the patient and want to practice what they are being taught.

There are three prescriptions offered by behavioral scientists which can be put into practice which will enable us to move toward our goal of improved patient care —as well as improved utilization of our scarce and expensive resources of knowledge—the pharmacist and the nurse.

The first one is "stretching"—not adding more insignificant detail but rather permitting the individual to stretch his intellect. I believe we still have stereotyped images to overcome—the pharmacist is one who puts a medication in a small bottle from a big one—the nurse takes the pill from the bottle and administers it without any thought. I wish I could say this was funny and not at all true—but I'm willing to admit as a nurse I'm sure this is practice—not a high level task for either member and certainly will not challenge or "stretch" the intellect. In order to change these stereotyped images we must strive to have students of both disciplines learn *as students* what goes into the educational experiences of each.

The second prescription is participation. If an individual is involved in decisions which affect his practice, he is more likely to be concerned with the results and we increase the probability he will follow through. If we wish to bring to bear upon the patient the best each has to offer, it is best accomplished by participative action rather than each member acting independently of the other. Discussion generates ideas. But—to be effective for the patient—the discussion should be at the operational level with the nurse and the pharmacist discussing a specific patient. My philosophy as Director of Nursing and the philosophy of the Director of Pharmacy means nothing to the recipient of the health service—it is at the patient unit level where the objectives of the organization are met . . .

The patient benefits when those responsible for his care are interested and enthusiastic about their work . . . If those having direct contact with the client are encouraged to participate the results should prove beneficial not only to the patient but also to employers who must find ways of retaining a valuable human resource.

The third prescription recommended by the behavioral scientists has to do with well defined objectives. Naturally, the objectives of a department must be met but the subordinate goal—patient care—gets lost somewhere in the bureaucratic structure of many of our hospitals. We are not dealing with a product where the input—output can be neatly programmed. The variables we deal with are infinite—not only must the hierarchy of needs— . . . be met but also the hierarchy of needs of the individuals responsible for providing that care—they are identical.

In conclusion—the objectives of any organization are measured at the extremity—in the Hospital the extremity is the patient in the bed, in the Out-Patient-Department, or the Emergency Room. There are ways *not yet explored,* in addition to on-going attempts, by which we can introduce quality into the services we perform. It is the responsibility of the leaders to anticipate changing needs—to be creative—to stimulate—and to influence. To go back to Plato—that which is honored—will be cultivated—but—we cannot be passive—cannot wring our hands and decry the fact that the elusive "they" do not understand. "Together," I believe we can make the necessary impact.

ASHP Staff Reorganized

The Headquarters staff of the American Society of Hospital Pharmacists has been reorganized, according to an announcement made recently by Joseph A. Oddis, Executive Director. The old staff structure consisted of seven Departments reporting directly to the Executive Director. These departments have been consolidated into three Bureaus under the new organization. In addition, three specialized functions report directly to the Executive Director.

The new staff structure consists of the Bureau of Administrative and Membership Services; the Bureau of Communication and Publication Services; and the Bureau of Professional and Scientific Services. Functions reporting directly to the Executive Director are the Office of Controller, Office of Legal Counsel, and the Executive Assistant.

Staff reorganization became necessary because of the tremendous growth of the ASHP and its headquarters services. Since 1962, the year of the last staff re-organization, ASHP membership has increased from 3,200 to nearly 7,000; the Society's budget has jumped from 250,000 dollars to 1.3 million dollars; the number of ASHP Affiliated Chapters has increased from 56 to 77; and the headquarters staff has grown from 10 persons to 40 persons. Also reflecting this growth, the ASHP purchased a six-story headquarters office building in Bethesda, Maryland in April, 1970.

The American Society of Hospital Pharmacists is the national specialty society of pharmacists practicing in hospitals and related institutions.

ASHP Board of Directors Meet

Preparations Made for ASHP House of Delegates Meeting

The ASHP Board of Directors, at its January 28-29 meeting, voted to continue the Active Membership status of Immediate Past President Winston J. Durant through the 1971 Annual Meeting. Durant recently accepted an industrial position.

By unanimous vote, the Board of Directors renominated Milton W. Skolaut for a three-year term as Treasurer. Mr. Skolaut is former Chief of Pharmacy at NIH and a past president of the Maryland Society of Hospital Pharmacists.

Hospital Pharmacy Statistics

Based on licensure data for the calendar year January 1, 1969 to December 31, 1969, the National Association of Boards of Pharmacy has published the booklet, *Licensure Statistics and Census of Pharmacy.* The booklet includes figures on the total number of hospital pharmacies and hospital pharmacists; however, the accuracy of these figures must be questioned since in four states, hospital pharmacies are not registered by the board of pharmacy but by some other state agency.

The NABP booklet says that out of 55,719 pharmacies in this country, 4,617 are hospital pharmacies; and that out of 106,801 registered pharmacists, 11,001 are hospital pharmacists. (Data from the 1970 Guide Issue of *Hospitals* indicate that there are over 5,600 hospitals with pharmacies attended by either a full-time or part-time pharmacist; or about 1,000 more than indicated in the NABP statistics.) NABP figures on the number of hospital pharmacists probably have greater accuracy since hospital pharmacists are listed by NABP even in those four states where hospital pharmacies are not registered by the state board of pharmacy.

How many hospital pharmacists really are there in this country? There are probably more than the 11,001 reported by NABP. ASHP has estimated the number to be 15,000, which is not unrealistic since *American Druggist* estimated the number to be 13,566 in 1968 and HEW's Bureau of Health Professions Education and Manpower Training estimated the number to be 13,600 in 1969.

Dr. Blomster Elected ASP Vice President

Dr. Ralph N. Blomster of the University of Maryland School of Pharmacy was recently elected Vice President (President elect) of the American Society of Pharmacognosy.

The 400 member American Society of Pharmacognosy will install Dr. Blomster at its annual meeting in Washington, D.C. in September.

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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of January:

New Pharmacies

Rosewood State Hospital Pharmacy, Norbert G. Lassahn, Pharmacist, Owings Mills, Maryland 21117.

Thrifty-Wise, Arthur Solomon, Pres., 10335 Reisterstown Road, Garrison Forest Shopping Center, Owings Mills, Maryland 21117.

Dart Drug Corporation, Maryland City, Herbert H. Haft, Pres., 3445 Fort Meade Road, Laurel, Maryland 20810 (A. A. Co.).

Peoples Service Drug Store, Inc., No. 244, W. E. Pannill, Pres., La Plata Shopping Center, La Plata, Maryland 20646.

C and P Professional Pharmacy, Alvin Perkins, Pres., 8605 George Palmer Highway, Seat Pleasant, Maryland.

No Longer Operating As Pharmacies

Read's, Inc., Arthur K. Solomon, Pres., 202 West Main Street, Salisbury, Maryland 21801.

Peoples Service Drug Store, Inc., No. 251, W. E. Pannill, Pres., 3401 Fort Meade Road, Laurel, Maryland 20810.

Jefferson Pharmacy, Eugene Jacobs, 2401 East Jefferson Street, Baltimore, Maryland 21205.

Grosvenor Lane Nursing Home—Pharmacy, Leslie Berman, Pres., 5721 Grosvenor Lane, Bethesda, Maryland 20014.

House in the Pines—Pharmacy, Roger C. Lipitz, Pres., 2525 West Belvedere Avenue, Baltimore, Maryland 21215.

Change of Ownership, Address, Etc.

Burriss and Kemp, Joseph W. Loetell, Jr., Pres., 2200 Greenmount Avenue, Baltimore, Maryland 21218.

Federal Register Notice – Methadone

Methadone hydrochloride has been approved for use in suppressing the narcotic abstinence syndrome in the course of withdrawal therapy for narcotic dependence. Other approved indications include the belief of moderate to severe pain and for the control of cough in those patients in whom antitussives with less abuse liability have proven indequate.

According to FDA regulations, methodone is only approved for short-term detoxification, generally lasting 10 days or less. The use of methadone in long-term maintenance programs for heroin addicts is still investigational and subject to the conditions published in the June 11, 1970 *Federal Register.*

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Wholesale Drug Companies Offer Service to Pharmacies

Medical Equipment Unlimited

This is the second in a series of articles describing some of the services that the full-line, full-service drug wholesalers can offer to assist the pharmacist in establishing and maintaining a successful operation in the face of rising competition.

Medical Equipment Unlimited (MEU) operates as a division of Spectro Industries. The program, offered through Loewy Drug Company, provides the franchisee with complete training in all aspects of medical equipment. The prime purpose of the franchise is to establish outlets for the distribution of medical equipment for the home and institutional use.

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4. the personal training course covers all aspects of fitting cervical braces, sacro-lumbar belts, trusses, elastic stockings, leg braces and arch supports.
5. advertising in local newspapers and the availability of promotional materials to be used by the individual franchisee.
6. the franchisee is taught how to detail physicians, and how to operate a medical rental business.
7. heavy equipment, such as a hospital bed, is delivered directly to the patient's home.

For more information about the government approved fitting school, or other aspects of the MEU plan, please contact the Loewy Drug Company.

Alcohol Abuse Institute Plan Advances

The House Commerce Committee approved a $300 million authorization to create a national institute on alcohol abuse within the U.S. Public Health Service. Health officials told the committee that an estimated 18 million Americans have an alcohol problem, and the problem costs United States industry about $4 billion annually.

(For a free copy of a full-color booklet on alcohol abuse—"The Alcoholic American"—write to the Maryland Blue Shield Public Relations department, 7800 York Road, Baltimore, Maryland 21203).

Prince George's-Montgomery County Pharmaceutical Association Meeting, February 9, 1971

Dr. David A. Blake, Chairman of the Department of Pharmacology, University of Maryland, School of Pharmacy, addressed the group on "Drug Interactions." Left to right: MPhA President-Elect Nathan Schwartz; Dr. Blake; Rudolph F. Winternitz, President and Martin Hauer, Vice-President and Program Chairman, Prince George's-Montgomery County Pharmaceutical Association.

Handbook of Non-Prescription Drugs

New, Revised Edition Now Available

The new, revised 1971 edition of the *Handbook of Non-Prescription Drugs* of the American Pharmaceutical Association is available for immediate order.

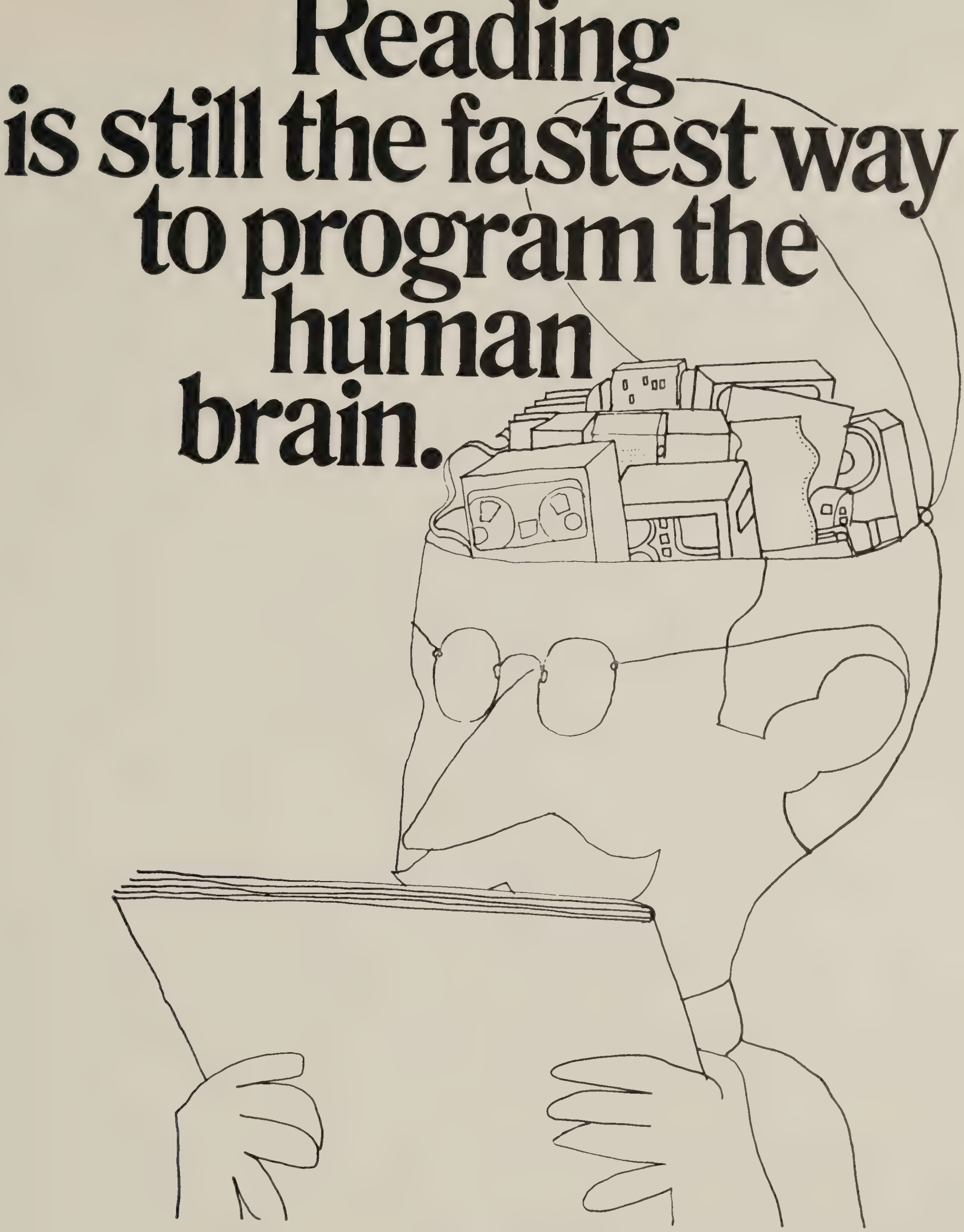
The new 202-page *Handbook* is 20 percent larger than the previous (1969) edition. Bound in a light tan hard cover, it contains 31 chapters, each devoted to a specific class of home remedies. It includes the formulas of more than 1,000 different brand-name products in almost 1,200 dosage forms.

In addition to a cross-reference product index, there is an index of nearly 300 manufacturers, 76 pages containing tables and charts of products and a score of medical illustrations and scientific graphs.

The Handbook is available at $6.50 per copy from the Order Desk, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037. Orders under $10.00 must be accompanied by payment.

Bookoff and Greenfeld Lead Charities Campaign

Pharmacists Morris Bookoff and David D. Greenfeld are Co-Chairmen of the Pharmacists' Division of the 1971 Campaign of the Associated Jewish Charities and Welfare Fund. Assisting them on the Steering Committee are: Jack Cohen, Samuel Lichter, Max Mendelsohn, Irvin Norwitz, Earle Falck, Richard Plotkin, Frank Block, Sam Block, Ronald Lubman, David Pearlman, David Rombro, Israel Ruddie, Irwin Epstein, Robert Kabik, Alvin Rosenthal, Kurt Sacki and Simon Solomon.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Washington Spotlight For Pharmacists by APhA Legal Division

Determination of Standard of Care

The Michigan Supreme Court recently applied the national standard of "routine care" instead of the "locality rule" in a medical malpractice case.

An expert medical specialist offered testimony as to the routine, nationwide use by pediatricians of a standard procedure to diagnose and treat PKU. His testimony was held admissible in a suit involving the failure of a Detroit pediatrician to use such a procedure with the resultant deterioration of the condition in a stricken child. Such a procedure was not a common practice among Detroit area pediatricians at the time the suit arose.

The locality rule, widely used to establish standard of care, set the standard care at the level of care generally provided by physicians within a certain geographical area and excludes testimony by experts as to the standard of care in other areas.

The Michigan Supreme Court, however, ruled that the expert witness was qualified to testify concerning the standard of practice of pediatricians generally and accordingly reinstated the jury's verdict for the plaintiff child.

The court reasoned that where a person holds himself out as a specialist, he is obligated to perform with that degree of skill and knowledge possessed by physicians who are similar specialists in the light of present day scientific knowledge. Public reliance upon the specialists skills and the specialists knowledge are not limited to the geographic area in which he practices. The court held that the standard of care for a specialist should be that of a reasonable specialist practicing medicine in light of present day scientific knowledge. Thus, geographical circumstances should control neither the standard of a specialist's care, nor the competence of an expert's testimony.

The move by several states away from the "locality rule" has implications for pharmacists as well, particularly with regard to the use of patient record systems. As these systems to detect drug interactions become more widely used, pharmacists who do not utilize these systems will run an increased risk of failing to meet the standard of care which may be required by a court such as the Michigan Supreme Court which looks beyond the standard of care in the community. Thus, pharmacists who argue that they do not want to institute these patient record systems for fear of potential liability, may find themselves liable as a result of not having them.

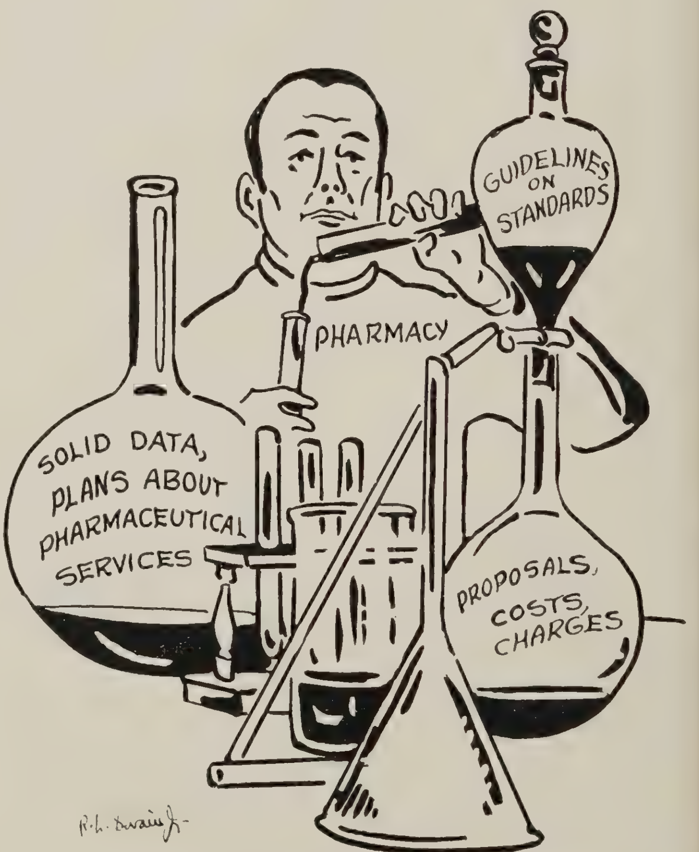
A Guild is a Union

The National Labor Relations Board recently decided that a pharmacists "guild" is qualified to act as the collective bargaining representative of employed pharmacists. The employer had contended that the guild had a "conflict of interest" which barred it from being the representative. The employer based his argument on the guild's past affiliation with a Barbers union which permitted employer membership. The "guild" had also elected employers to various guild offices.

The NLRB pointed out that "generally, a potential conflict of interest disqualifies a labor organization when there is an innate or proximate danger that the interests of the employees will be subordinated to factors which are not germane to the employer-employee relationship." The Board found, however, that no such danger existed in this case since the employer members had resigned, a slate of employee pharmacists officers had been elected and the Constitution and Bylaws amended to make regular membership open only to employed pharmacists. The NLRB ordered an election to be conducted.

Members Resignation no Bar to Disciplinary Action

The U.S. Court of Appeals for the District of Columbia recently held in a maritime case that a shipper may not avoid the consequences of its acts by resigning from its shipper's conference before a decision to punish it has been reached. In this case, the member shipper resigned prior to the adoption of self-policing procedures by the conference. The offense, however, occurred prior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to the resignation. The shipper argued that the retroactive application of the procedures would amount to punishment for conduct that was previously not punishable and make it answerable to a private penal system to which the shipper was not a party.

The court decided that a shipping conference's effectiveness depends to a large extent upon its ability to police its own members. To permit an individual shipper, by exercising an option of resignation, to escape conference action would negate completely the conference system's effectiveness.

Applying this principle to disciplinary actions by professional associations, it is apparent that an association can proceed against a member who resigns after these proceedings have been instituted against him. The disciplinary mechanism of a voluntary professional association would be totally ineffective if resignation could act as a bar to the completion of those actions which were commenced against an individual while he was a member. This is especially true in light of due process considerations which require advance notification of the pending procedures to the accused member.

Current Good Manufacturing Practice Regulations

A proposed requirement, in the federal regulations, governing the good manufacturing practice for drugs, which would have required bioavailablity information, was deleted from the final regulations.

Various manufacturing groups had objected to this proposal on the basis that adequate methods do not exist to make such testing practical and meaningful. It was also pointed out that although the development of such information for all drugs is necessary and desirable, this requirement has been deleted and will not be restored until appropriate methods for making and interpreting such determinations can be widely developed and verified.

National Baby Week—April 22-May 1

National Baby Week is an ideal opportunity for pharmacies to emphasize their "Baby Departments." Items such as nursery ware, infant foods and related products can be featured. Display material and promotional aids are available from many manufacturers.

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Researchers Find Gases in Aerosol Sprays can be Dangerous

The gases used as propellants in aerosol sprays may affect the heart and lead to sudden death in certain circumstances, researchers have found. They suggest that these findings may explain unexpected deaths among youths who turn on by inhaling these gases deliberately and among asthma patients who use brochial sprays excessively.

George J. Taylor, IV, and Dr. Williard S. Harris conducted this study at the University of Illinois Hospital in Chicago. Their research was supported in part by the NIH National Heart and Lung Institute.

In studies with laboratory animals, the researchers first exposed groups of mice to the propellant gases used in aerosol sprays. When they then asphyxiated these animals markedly reducing available oxygen for less than a minute, they found that the mice's sinus rate (the heart's own pacemaker) slowed and that the mice quickly developed atrioventricular block. Either or both of these reactions slowed or stopped the heartbeat.

By contrast, in groups of control mice who were not exposed to the sprays but were asphyxiated in the same way for 4 minutes, their heartbeats increased in response to the lack of oxygen. The heart changes in the group of mice tested with the aerosol propellants were rapid, long-lasting and eventually lethal. When the researchers repeated these tests on rats and dogs, they noted similar results.

The researchers caution that their findings in animals cannot be applied directly to humans without further study. They emphasize that the slowed heartbeat which was the most apparent effect of the gases in the laboratory animals may well be overshadowed in humans by other cardiac effects, such as fast or irregular contractions of the heart's main pumping chambers (ventricle), or may combine with other cardiac effects to cause death. Because both turned on youths and asthma patients who die suddenly do not get to hospitals in time for an electrocardiogram, the exact heart changes in these patients before death is not yet known.

The researchers add that millions of people use aerosol dispensers for cosmetic, household, and numerous other purposes, thus releasing propellant gases into the air they breathe. They suggest that people may vary in sensitivity to the harmful effects of these gases and that urgent studies are needed to determine the amount of propellant gases inhaled every day by people who use pressurized aerosol sprays.

Mr. Taylor and Dr. Harris published a report of this research in the *Journal of the American Medical Association* of October 5, 1970. They reported similar findings on the cardiac effects of glue-sniffing in mice in *Science* on November 20, 1970.

School of Pharmacy Expansion

Dr. Wilson H. Elkins, President of the University of Maryland, reported in his annual report on the need for expansion in the School of Pharmacy.

Obituaries . . .

Harry Greenberg

Harry Greenberg, 67, owner of Gardenville Pharmacy on Belair Road for over 30 years, died suddenly on February 14, 1971. Mr. Greenberg graduated from Baltimore City College in 1922 and from the University of Maryland School of Pharmacy in 1924. He was a member of the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, AZO Fraternity and Belair Road Merchants Association.

Mr. Greenberg was a 32nd degree Mason. He is survived by his wife, Bertha, two sisters, and two brothers, one Albert G. who is also a pharmacist.

William Lester Brunnett

William L. Brunnett, 51, pharmacist at Leland Memorial Hospital, Riverdale, died on February 13, 1971 at his home in Hyattsville. He was a graduate of the University of Maryland School of Pharmacy Class of 1931.

Mr. Brunnett was an active member of the Maryland Pharmaceutical Association, serving at one time on its Executive Committee. He is survived by his wife, Delmar, two daughters, one sister and three grandchildren.

Arthur A. Musher

Arthur A. Musher, of Silver Spring, graduate of the University of Maryland School of Pharmacy Class of 1934, died recently. He had retired from People's Drug Stores.

John A. Pelczar

John A. Pelczar, of Connecticut, died recently. He had graduated from the University of Maryland School of Pharmacy in 1919.

John Henry Bradford

John Henry Bradford, 69, died on February 18, 1970. He graduated from the University of Maryland School of Pharmacy in 1926. Mr. Bradford operated a pharmacy at Ashland and Milton Avenues for eight years. He is survived by his wife, Rita O'Connor Bradford who graduated from the University of Maryland School of Pharmacy in 1929, one daughter and four grandchildren.

Sheldon S. Barke

Sheldon S. Barke, 35, died on February 12, 1971. He was with Read's for seven years and then with Paradise Pharmacy for five years. His father, Daniel S. Barke is a pharmacist with Drug Fair. He was a 1957 graduate of the University of Maryland School of Pharmacy.

He is also survived by his mother, Dorothy Sindler Barke; one brother and one sister.

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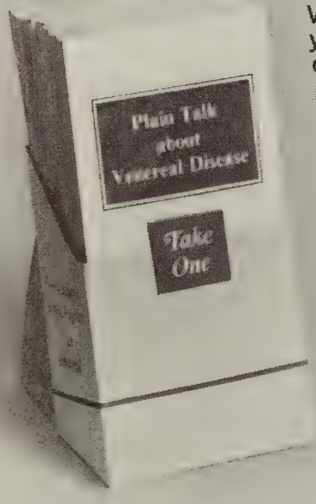

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(See Page 10)

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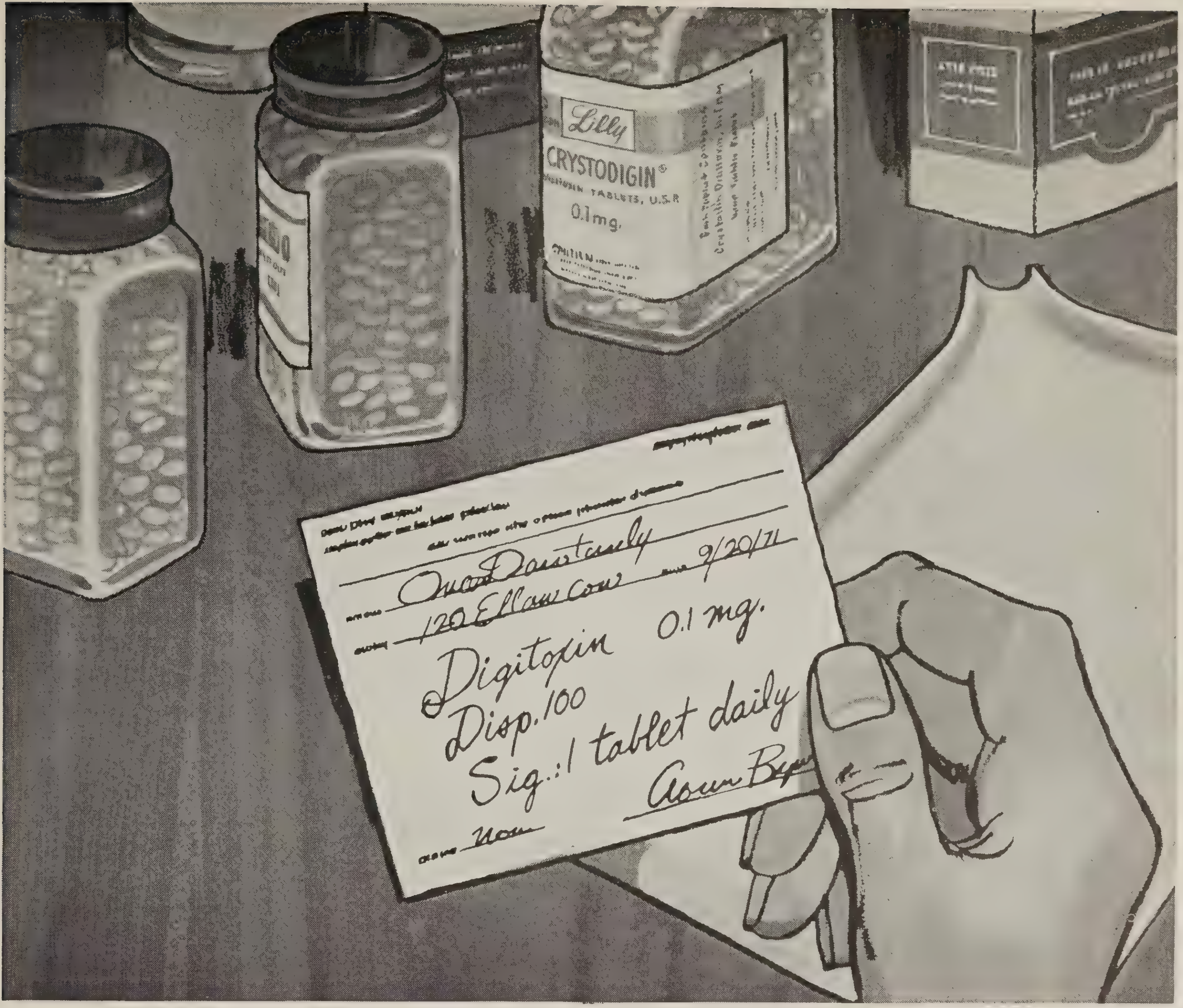

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The Maryland Pharmacist

NATHAN I. GRUZ, *Editor*
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650 WEST LOMBARD STREET
BALTIMORE, MARYLAND 21201

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VOLUME 47 APRIL 1971 NUMBER 4

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The Maryland Pharmacist is published monthly by the Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore, Md. 21201. Subscription price $5.00 a year. Entered as second class matter December 10, 1925, at the Post Office at Baltimore, Maryland, under the Act of March 8, 1879.

Editorial . . .

Pharmacists Can be Partners in Venereal Disease Prevention

"An epidemic is ravaging America—needlessly. The U.S. Public Health Service estimates there were almost 1.8 million new cases of venereal disease last year, well exceeding the medical definition of an epidemic. More Americans caught gonorrhea last year than caught the measles. And half of all new V.D. cases are in the 15 to 24 year old age group."*

In Maryland in 1970 there were more than 14,800 reported cases of gonorrhea and 440 reported cases of primary and secondary syphilis. These are said by authorities to be perhaps 10 to 20 % of the actual cases.

That is why V.D. is referred to as really pandemic, not just an epidemic.

"America's teenagers are the chief victims of the venereal disease epidemic now ravaging America. Youngsters in the 15 to 19 year age group have a rate of infection for syphilis and gonorrhea more than twice that of all age groups combined. A U.S. youngster is infected with V.D. every two minutes."*

"Too many young people just don't know what venereal diseases are, how serious they can be, or how they can be prevented. In most cases, nobody bothers to tell them. Parents, schools, churches—any group in touch with young people—must face the important educational job of giving our young people the facts about V.D. The necessary information is readily available from physicians, clinics, and public health groups. And your local pharmacist is the best source for medically recommended products to control V.D."*

Yes, the pharmacist is the most accessible source for factual information, for prescribed drugs for treatment and for products for prevention.

The Maryland Pharmaceutical Association is therefore, launching an all-out Venereal Disease Awareness Campaign to bring these facts to the public's attention. This effort will be initiated with the observance of "V.D. Prevention Month" under MPhA sponsorship in June.

The key will be *active personal involvement* on the part of pharmacists by:

1. Distributing "Plain Talk About Venereal Disease" pamphlets in their drug stores to customers.
2. Actively displaying an official "Venereal Disease" prevention sign.
3. Speaking wherever possible to local groups such as Lions, Kiwanis, etc., on venereal disease, emphasizing knowledge, treatment, and prevention.
4. Marshalling the active interest and support of public officials, opinion leaders, the press, and general public. Scope of the program recognizes, too, that the "Venereal Disease Awareness" effort must be a never-ending responsibility of pharmacy, as a member of the public health team.

MPhA, with the important assistance and expertise of Youngs Drug Products Corporation, will work with governmental officials, health departments, clinics, youth groups, schools and colleges and the various public information media (press, radio and TV).

The public and the profession of pharmacy are fortunate that the Youngs Drug Products Corporation is devoting so much of their resources as well as the time and efforts of their management and field personnel to this campaign. Youngs' personnel from both their headquarters and the field are working and will continue to work in Maryland to make this program a success. Youngs is making thousands of pamphlets and counter cards available to pharmacies.

Youngs deserves a great deal of credit for their creative approach to the leading public health problem of youth today. Youngs is to be congratulated for its courage in bringing V.D. to public awareness through its newspaper advertising which directs the public to obtain and use the tools of V.D. prevention—prophylactics — which are readily available in pharmacies.

V.D. is a health problem—a challenge to all the health professions, including pharmacy. But it is also a unique public health service opportunity for pharmacy.

Surely here is one campaign we can expect 100% pharmacist participation not only at this time, but as a continuing public education project in the months ahead.

—Nathan I. Gruz

---

*Based on Youngs Drug Products Corporation advertisements published in the general press.

PHARMACY CALENDAR

May 13—MSHP meeting, Colony 7 Motor Inn, Baltimore-Washington Pkwy, 6:00 P.M.

May 16-17—MPhA Annual Convention, Hunt Valley Inn.

May 18-23—Reconvened sessions—Jamaica Hilton

May 26—School of Pharmacy Alumni Association Annual Meeting. Student Union Bldg. 8:00 P.M.

June—MPhA "V.D. Prevention Month"

June 2—School of Pharmacy Annual Alumni Banquet in Honor of Graduates.

June 5—School of Pharmacy Commencement Exercises.

June 11-13—6th Annual MSHP Hospital Pharmacy Seminar, Ocean City, Md.

September 7-12—31st International Congress of Pharmaceutical Sciences of the FIP, Washington, D.C.

October 10-14—National Association of Retail Druggists Annual Convention, The Rivergate, New Orleans.

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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of February:

New Pharmacies

None.

No Longer Operating As Pharmacies

Sussman's Pharmacy, Samuel Wolfovitz, 3601 Park Heights Avenue, Baltimore, Maryland 21215.

Donnybrook Pharmacy, Maurice Karpa, President, 246 East Burke Avenue, Towson, Maryland 21204.

Hoffman's Pharmacy, Sylvan Hoffman, 2658 Huntington Avenue, Baltimore, Maryland.

Change of Ownership, Address, Etc.

Fullerton Pharmacy, Inc., Eugene Trief, President, 7542 Belair Road, Baltimore, Maryland 21222.

Taneytown Pharmacy, Inc., Julian M. Friedman, President, 7 York Street, Taneytown, Maryland 21787.

* * * *

The following are the pharmacy changes for the month of March:

New Pharmacies

MEMCO Prescription Pharmacy, William H. Dyer, Jr., President, 6411 Riggs Road, Hyattsville, Maryland 20782.

Dart Drug Corporation, Downtown, Herbert H. Haft, President, 13625 Georgia Avenue, Silver Spring, Maryland 20906.

Dart Drug Corporation, Cherry Hill, Herbert H. Haft, President, 6711 Annapolis Road, Landover Hills, Maryland 20784.

Drug Fair No. 134, Milton L. Elsberg, President, 5203 East Drive, Baltimore, Maryland 21227.

No Longer Operating As Pharmacies

White Cross, D. M. Robinson, President, 116 East Baltimore Street, Baltimore, Maryland 21202.

Hilton Court Pharmacy, Inc., Wesley N. Shelton, President, 3301 Liberty Heights Avenue, Baltimore, Maryland 21215.

Metro Drugs, No. 6, Leo Goldfeder, President, 4009 Main Street, Upper Marlboro, Maryland 20870.

Change Of Ownership, Address, Etc.

Hertz Pharmacy, Inc., Hillel Aarons, President, 6309 Kenwood Avenue, Baltimore, Maryland 21237.

Libby's Rexall Drug Store, I. Silen and A. Schwartzman, 4901 Belair Road, Baltimore, Maryland 21206.

Samuel P. Jeppi, Inspector for the Maryland Board of Pharmacy, retired April 1 after 17 years of service. Newly appointed Inspectors for the Board are Alexander J. Ogrinz, Jr. and Jerome S. Wittig.

Notice—Board Exams

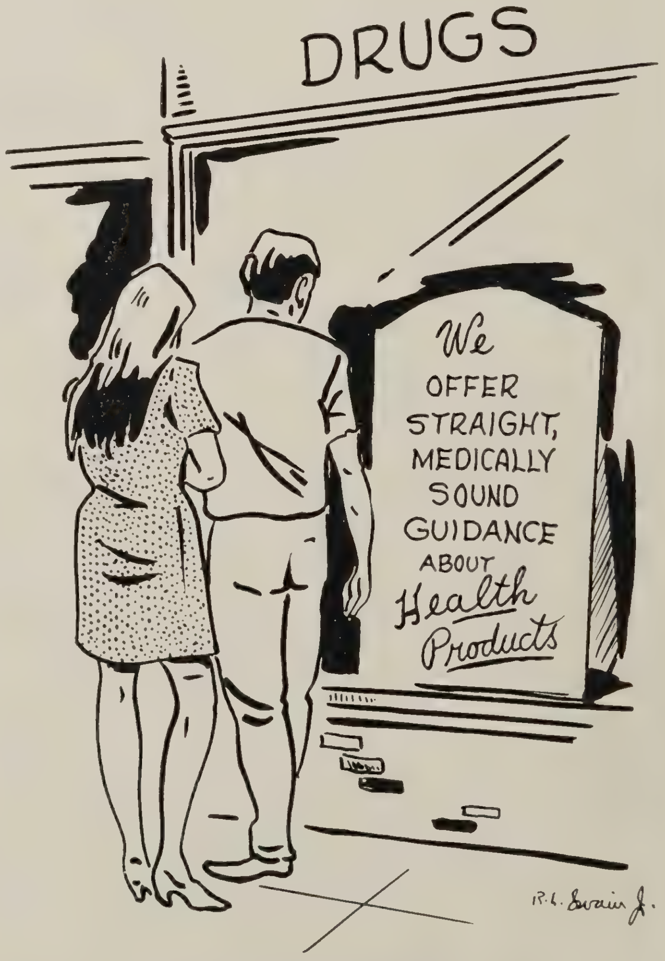
The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacist at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore, Maryland.

On Monday, Tuesday and Wednesday
June 28, 29 and 30, 1971

The examination will begin at 8:00 a.m. each day. Applications must be in the hands of the Board by Friday, June 18, 1971.

ABBOTT BUILDS NEW FACILITY

The Hospital Products Division of Abbott Laboratories announces that a new $6 million ampoule and vial manufacturing facility will be constructed adjacent to the intravenous solutions manufacturing facility in Rocky Mount, North Carolina.



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Crozier Testimonial

John A. Crozier

John A. Crozier was born in Mamaroneck, New York and there attended public school until moving to Philadelphia where he transferred to Our Lady of Victory Parochial School. He continued formal education at Strayer's Business College in Baltimore.

John met the lovely Miss Nancy Katherine Meyers, who on April 16, 1932 became Mrs. John A. Crozier. Mrs. Crozier was born in Timonium, Maryland at the present site of the Five Farms Club.

In 1928 he began his association with the Calvert Drug Company in the bookkeeping department. Three years later he was appointed Assistant General Manager and in 1938 became General Manager. In 1958 he was appointed Executive Vice President and General Manager, a position he held until the time of his retirement, December 31, 1970. To many of his friends and associates he was known as "Mr. Calvert Drug Company."

He gave unstintingly of his labor, talent and time, not only to the Calvert Drug Company, but also to various trade and pharmaceutical associations on the local, state and national levels. A grateful profession recognized his contributions and honored him with appointment to its highest offices. He is the only person ever to have served two terms (4 years) as president of the Federal Wholesale Drug Association of the United States and Canada. He is a Past President of the Travelers Auxiliary of the Maryland Pharmaceutical Association and was elected Honorary President of the Baltimore Metropolitan Pharmaceutical Association in 1964.

To each of these he brought a high sense of purpose and unswerving dedication which earned him admiration and the respect of all his associates.

For almost half a century, John Crozier gave untiringly of his abilities and energies to the many-faceted drug and pharmaceutical field. It is therefore fitting that his friends honored him on the evening of February 18, 1971 with his Testimonial Dinner.

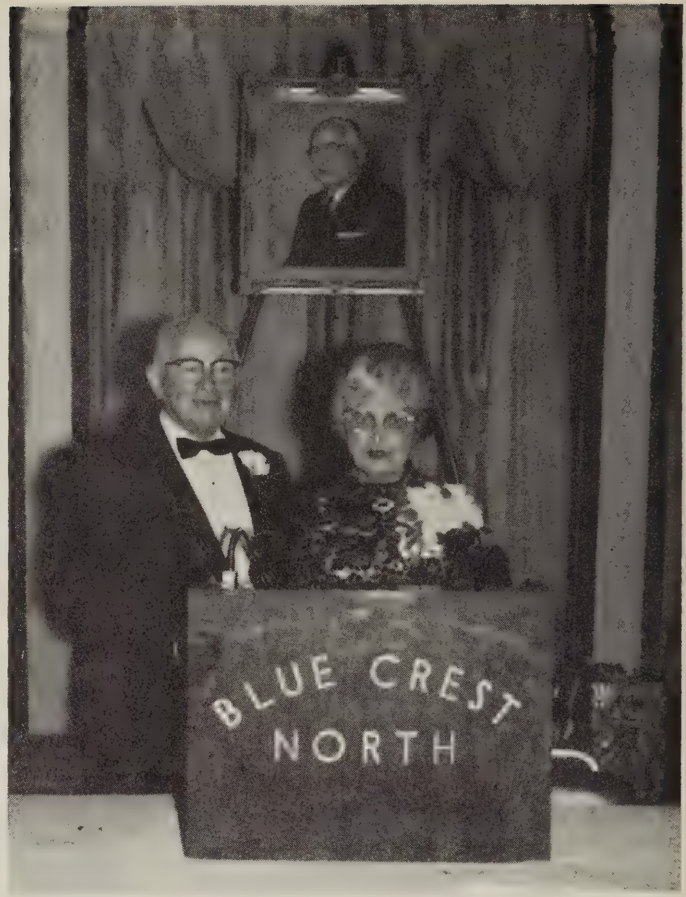


Photo by Paramount

Mr. and Mrs. John A. Crozier

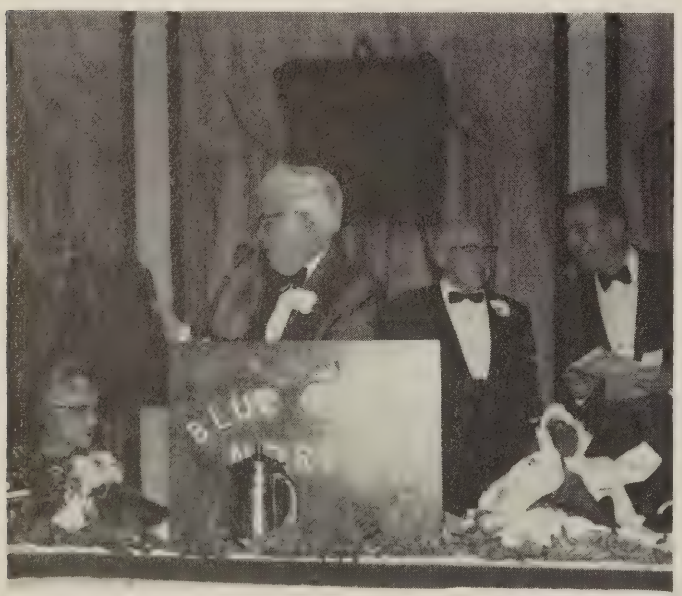


Photo by Paramount

Gordon Mouat, President of Calvert Drug Company, shown with plaque he presented to Mr. Crozier on behalf of Calvert Drug Company.

Photo by Paramount

Reverend James B. O'Hara, left, who gave the invocation, shown with John Crozier.

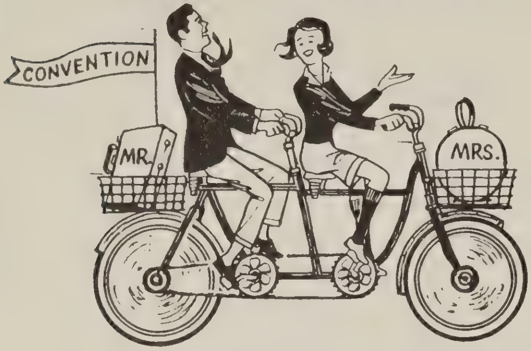
Photo by Paramount

Shown presenting awards to Mr. Crozier at the John A. Crozier Testimonial Dinner are: left to right—top row—Donald O. Fedder, President, Maryland Pharmaceutical Association; Irvin Kamenetz, President, Baltimore Metropolitan Pharmaceutical Association; William M. Burckart, President, Ellicott Drug Company, Buffalo, N.Y. who was Toastmaster for the evening shown here exhibiting a crystal bowl presented earlier by BMPA president.

middle row: Dora Rockman, President, Ladies Auxiliary of the Maryland Pharmaceutical Association; William L. Nelson, President, Traveler's Auxiliary of the Maryland Pharmaceutical Association; Joseph J. Hugg, Executive Vice-President and General Manager of the Calvert Drug Company, Inc.

bottom row: George C. Straayer, Executive Secretary, Federal Wholesale Druggist's Association; Joseph S. Kaufmann, legal counsel for the BMPA and MPhA, presenting Distinguished Citizen Citation on behalf of Governor Marvin Mandel; Harry R. Wille, President, Alumni Association, University of Maryland School of Pharmacy.

COME TOGETHER!



Maryland Pharmaceutical 89th Annual Convention

In conjunction with TAMPA and LAMPA

MAY 16 and 17, 1971

Hunt Valley Inn, Cockeysville, Maryland

Reconvened Sessions — Jamaica Hilton
Ocho Rios, Jamaica, W.I.

May 18-23 via Eastern Airlines Charter

Condensed Schedule

SATURDAY EVENING, MAY 15
Hospitality reception for early arrivals

SUNDAY, MAY 16
Golf available for Convention registrants
12:00 NOON—Registration desk opens
1:30 P.M.—First Business Session
Call to Order—President Fedder
Invocation
Greetings from Affiliated and Recognized Associations
Committee Reports
Report of University of Maryland School of Pharmacy—Dr. William J. Kinnard, Jr., Dean
Report of Maryland Board of Pharmacy—Francis S. Balassone, Secretary
2:00 P.M.—LAMPA Hospitality Room
4:00 P.M.—Adjournment of First Session
6:30 P.M.—Limestone Valley Dinner Theatre, Beaver Dam Road, Cockeysville
Pre-dinner cocktails

MONDAY, MAY 17
9:00 A.M.—Second Business Session
President's Report—Donald O. Fedder
Report of Executive Director—Nathan I. Gruz
Report of Treasurer—Morris Lindenbaum
Memorial Services
Report of Legal Counsel—Joseph S. Kaufman
Organization of the MPhA House of Delegates
11:00 A.M.—LAMPA Business Meeting
12:00 Noon—LAMPA-TAMPA Luncheon — Speaker: Radio and TV Personality, Arnold Zenker
12:00 Noon—MPhA Luncheon—Guest Speaker
1:30 P.M.—Third Business Session
Meeting of House of Delegates
Old Business
New Business
Resolutions
Nominations and Election of Officers
Approval of List for appointment to Maryland Board of Pharmacy
4:00 P.M.—Adjournment
6:30 P.M.—Presidential Reception — Courtesy Youngs Drug Products Corporation
7:30 P.M.—Annual Banquet
Installation of Officers
Dancing
Prizes

TUESDAY, MAY 18
9:00 A.M.—Friendship International Airport — depart via Eastern Airlines for Jamaica and reconvened sessions.
12:30 P.M.—Arrive Montego Bay
Continuing Educations Seminars—Wednesday, Thursday and Friday mornings.
Entertainment nightly.

SUNDAY, MAY 23
7:30 P.M.—Depart Montego Bay
10:30 P.M.—Arrive Friendship International Airport

Photo by Paramount Photo Service

Stephen Overbeck, D.D.S. (left) was a guest of MPhA Public Relations Committee Chairman Charles Spigelmire (right) during Children's Dental Health Week. Pharmacist Spigelmire broadcasts the program "Your Best Neighbor" over station WCAO every Sunday evening.

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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists Meeting of March 11, 1971

The March 11th meeting was held at the North Arundel Hospital. The guest speaker for the evening was Dr. David N. Nurco, Commissioner, Maryland Drug Abuse Authority. Dr. Nurco's topic was "Drug Abuse." In his talk, Dr. Nurco explained some of the programs that are being conducted in the state in the area of drug addict rehabilitation and the problems that are encountered with these programs.

Dr. Lamy, chairman of the Nominating Committee, submitted the list of nominees for office. Clarence Fortner reported on the Annual Seminar. The registration fee for those attending the seminar will be $20.00 this year. Howard Sherman reported for the Membership Committee. A mailing was sent out to all 5th year students inviting them to join the Society. A follow-up mailing will be done on last year's state-wide membership survey while a new state-wide membership survey will be conducted next fall.

June Shaw reported for the Program Committee. The April 8th meeting will be held at H. B. Gilpin and the May 13th meeting will be held at Schraft's Colony 7 Motor Inn and will start with a cocktail hour at 6 P.M.

Robert Snyder mentioned that the society's delegates to the Annual Convention in San Francisco will again vote in favor of adoption of the "Economic Status Program" of the ASHP. The following new members were approved: Donald W. Cathey, Philips Roxane Laboratories; John M. Motsko, Mercy Hospital; and Norman Yockelson, student-class of 1971.

Robert Snyder mentioned that all hospital pharmacists were invited to attend a demonstration of the AIM-TWX information retrieval system on Thursday, March 25th from 1 - 3 P.M. at the Health Sciences Library. June Shaw reported on the Swain Pharmacy Seminar. Bob Snyder thanked the Roerig Company for sponsoring the meeting and thanked Dudley Demarest for hosting the meeting. The meeting adjourned at 10:45 P.M.

ASHP Announces 1971 Institutes

The following institutes conducted by the American Society of Hospital Pharmacists and cosponsored by the American Hospital Association and the American Pharmaceutical Association are announced for 1971.

Institute on Personnel Relations in Hospital Pharmacy, May 16-19, Atlanta, Georgia.

Institute on General Practice of Hospital Pharmacy, June 27-July 2, Williamsburg, Va.

Institute on Unit-Dose Drug Distribution Systems, July 25-28, St. Louis, Missouri.

Institute on General Practice of Hospital Pharmacy, Sept. 12-17, San Diego, Calif.

Institute on Drug Interactions and Clinical Communications, Oct. 17-20, Key Biscayne, Fla.

For further information contact Department of Education and Training, ASHP.

PROGRAM

Sixth Annual Hospital Pharmacy Seminar

Maryland Society of Hospital Pharmacists

JUNE 11, 12, 13, 1971

OCEAN CITY, MD.

TOPIC: "MEN — MACHINES — SERVICES"

9:00 A.M.— *GREETINGS*
Clarence L. Fortner, M.S., Chairman,
Head, Patient Care Pharmacy Services, Baltimore Cancer Research Center.
Clinical Instructor in Pharmacy, University of Maryland.
Robert E. Snyder, President,
Director, Pharmacy Services, Maryland General Hospital.
Clinical Assistant Professor of Pharmacy, University of Maryland.

9:15 A.M.— *MEN*
"The Philosophy of Supportive Personnel in Pharmacy,"
Henry J. Derewicz, M.S.,
Director, Pharmacy Services, The Johns Hopkins Hospital.
Clinical Assistant Professor of Pharmacy, University of Maryland.

10:00 A.M.—"A Review of Existing Training Programs for Supportive Personnel in Pharmacy,"
Louis P. Jeffrey, M.S.,
Director of Pharmacy Service, Rhode Island Hospital.
Clinical Professor, University of Rhode Island, School of Pharmacy.

10:45 A.M.— *COFFEE BREAK*

11:00 A.M.—"Experiences with Supportive Personnel in a Health Care System,"
Paul LeSage,
Deputy Director of Pharmacy Services.
U.S.P.H.S. Hospital, San Francisco, California.

11:45 A.M.— *LUNCHEON*

MACHINES

1:15 P.M.—Patrick Birmingham—Presiding,
Director of Pharmacy Services, Good Samaritan Hospital.
Clinical Instructor in Pharmacy, University of Maryland.
"Computer Applications to the Health Care System,"
Cornelius P. McKelvey, M.S.,
Instructor, University of Maryland, School of Pharmacy.

1:50 P.M.—"One Hospital's Experience with the Brewer System,"
Douglas R. Mowrey,
Director of Pharmacy Services, The Washington Hospital Center.

2:25 P.M.—"The Changing Health Care System,"
Peter P. Lamy, Ph.D.,
Associate Professor and Director Institutional Pharmacy Programs, University of Maryland, School of Pharmacy.

7:00 P.M.—*BANQUET ADDRESS*
"The Pharmacist on the Health Care Team,"
John Collins Harvey, M.D.,
Executive Vice President and Medical Director, Good Samaritan Hospital.

SERVICES

SUNDAY

10:00 A.M.—Peter P. Lamy, Ph.D.—Presiding
"Pharmacy Service in a Small Hospital,"
R. David Anderson, M.S.,
Director of Pharmacy Service, Waynesboro Community Hospital.
President, American Society of Hospital Pharmacists.

10:45 A.M.—Presentation — The Maryland Society of Hospital Pharmacists Student Achievement Award.

10:50 A.M.—"Pharmacy Service in the Emergency Room,"
Thomas E. Patrick,
Chief Pharmacist, University of Maryland Hospital.
Clinical Assistant Professor of Pharmacy, University of Maryland.

11:30 A.M.—Closing Remarks: Clarence L. Fortner, M.S.

PLEASE NOTE: All community pharmacists are invited to attend this weekend Seminar. Many of the topics would be of interest to those affiliated with nursing homes. For information on registration, please contact Seminar Chairman, Clarence Fortner at 338-1100, Ext. 243.

Actions of the American Society of Hospital Pharmacists House of Delegates

—Adopted Policy on Economic Status.

—Adopted a resolution to amend by-laws which will enable streamlining of organizational structure by reducing number of operating councils from six to four.

—Adopted a resolution to amend by-laws which will allow for the election of Speaker of the House of Delegates by members of the House of Delegates upon nomination by a committee appointed by the President. The elected Speaker will preside over the House and represent the House as a voting, ex-officio member of the ASHP Board of Directors.

—Adopted a resolution authorizing the ASHP to study the feasibility of developing a Model Hospital Pharmacy Practice Act for incorporating in the states' General Pharmacy Practice Acts.

—Adopted a resolution to foster the discontinuance of drug sampling by pharmaceutical manufacturers, and to commend those manufacturers who have seen fit to discontinue drug sampling. Further to communicate this position to individual pharmaceutical manufacturers.

—Adopted a resolution to endorse and support the dispensing of out-patient medications in "child resistant" containers whenever applicable and to urge pharmacists to promote drug usage safety.

The following resolutions were adopted with referral to the proper committee for further study.

1) Amendment of by-laws changing dues structure.
2) Directions to patients on prescriptions.
3) Supportive personnel.

Nominations for President-Elect:
William Hotaling, III
Wendell T. Hill, Jr.

Report on American Society of Hospital Pharmacists

28th ANNUAL MEETING

MARCH 27 - APRIL 1, 1971

San Francisco, California

by Samuel Lichter

The Maryland Society of Hospital Pharmacists was well represented at the Annual Meeting of the American Society of Hospital Pharmacists. The members of the Maryland delegation participated in the House of Delegates and General sessions and benefited from the mutual exchange of ideas. As the Annual Meeting brought to an end another Society year, so it began another, to continue the expansion and development of the many worthwhile and meaningful Society activities. The reports of the various committees and councils of the A.S.H.P. were elaborate in their expression of the need for greater commitment and involvement of the Society and its members to the improvement of the delivery of health care services.

APhA President, William R. Whitten, noted, with optimism, at the first session of the A.S.H.P. House of Delegates, the advances in Pharmacy which have gradually come to the foreground. President Whitten noted that the profession is experiencing a change in direction due to the attraction of a greater youth to the profession. One must also recognize the importance of the trend of increased service by community Pharmacy to hospital and other related institutions. He also emphasized that in spite of increased specialization of functions and responsibilities, ". . . we are all Pharmacists."

A.S.H.P. Executive Director, Joseph A. Oddis, in his annual report, announced the purchase of a building to house the Society staff and its activities. Also announced was the recent change in the Society's organizational structure to increase the efficiency of the enlarged staff needed to implement the growing budget necessitated by the ever expanding Society activities.

A.S.H.P. President Herbert S. Carlin foresees Hospital Pharmacy on the threshold of a new era: An era of new roles developed from without and from within—an era of specialization of function; of increased decentralization. The concept, or state-of-mind — "Clinical Pharmacy"—is being developed and expanded into community based clinical programs, school-hospital joint programs, and hopefully the necessary change from internship to externship programs. The necessity of attaching "clinical" to the practice of Pharmacy will be obviated as pharmacist-patient relationship and involvement expands.

In addition to the management capabilities, technical skills, and scientific knowledge required of the pharmacist in the clinical setting, there exists the need to effectively communicate his preparedness to the other members of the health professions and to the patient (consumer). The reports of the Society committees elaborated upon what it has done and what it plans to accomplish. The various General sessions of contributed papers expounded upon the many and varied attempts of individual practitioners to accomplish their objectives and attain their goals. A presentation by Kenneth N. Barker and Joseph G. Valentino, both of the United States Pharmacopeial Convention, suggested a political and legal foundation for Clinical Pharmacy Practice. Drug information systems, drug interaction reporting systems, fiscal management, third party payment programs, community health center involvement, intravenous solution therapy (hyperalimentation and incompatibilities) were among the topics of the papers presented.

Sister M. Gonzales was the recipient of the H.A.K. Whitney Lecture Award. R. David Anderson was installed as president for 1971-72.

The Emergency Health Personnel Act of 1970 (PL 91-623)

MPhA given right to certify need for pharmacists

On December 31, 1970, President Nixon signed into law the Emergency Health Personnel Act of 1970. This bill provides for the assignment of Public Health Service personnel to areas where health manpower shortages exist.

Under the bill, as reported to the floor of the House, among other requirements for assignment of PHS personnel was a certification of need by a state or local medical or dental society. Thus, medicine and dentistry would have been granted a veto power over the assignment of members of other health professions.

In cooperation with other associations representing the allied health professions, the American Pharmaceutical Association, with the assistance of the Washington State Pharmaceutical Association, persuaded Congressman Brock Adams of Washington to introduce an amendment on the floor to provide the professional association for each health care profession the authority to certify or not to certify need for assignment for members of their profession. The Adams amendment was adopted by the House and is incorporated in PL(91-623). Consequently, under this Act, the Maryland Pharmaceutical Association will control the assignment of pharmacists in Maryland.

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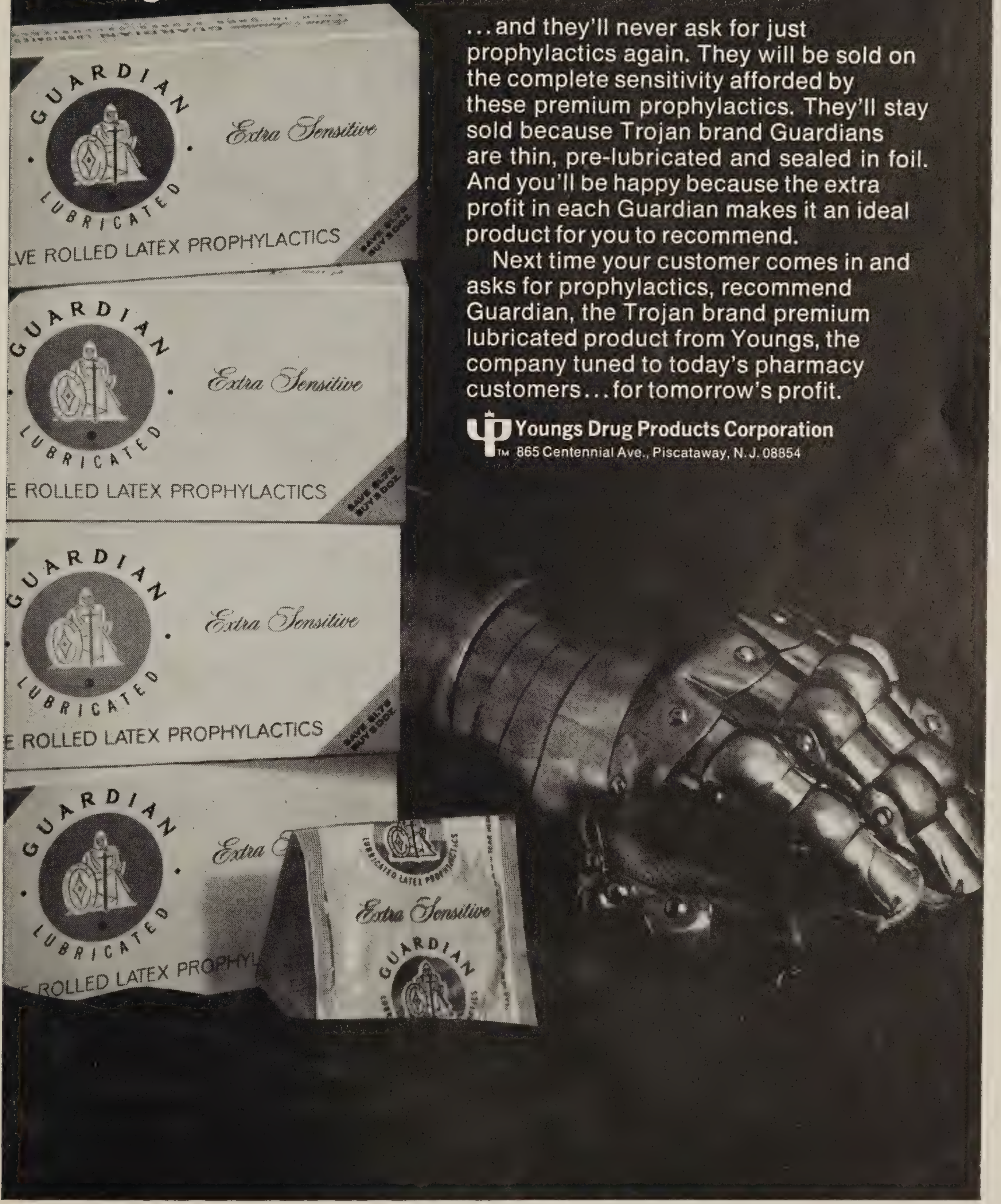
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Spring Regional Meeting Maryland Pharmaceutical Association

The Spring Regional Meeting of the Maryland Pharmaceutical Association was held on March 24th, 1971 at the Colony Seven Motor Inn, Baltimore-Washington Parkway. The program was preceded by a luncheon attended by MPhA and LAMPA members. President Donald Fedder opened the afternoon session at this last general meeting to be held under the present Board structure. The new House of Delegates structure will be in effect for the Annual Meeting in May.

New Medical Care Prescription Forms

The first afternoon speaker was Mr. Harry Bass, Head of the Pharmacy Section, Division of Medical Services, Maryland Department of Health and Mental Hygiene. Mr. Bass explained the new Medical Assistance prescription forms. The new forms (Form DHMH-235 for original prescriptions and Form DHMH-236 for refill prescriptions) are three-part forms, designed to be processed through a data recorder (imprinter). The first two copies remain with the pharmacist; the third copy (hard copy) is submitted to: Purchased Care Services, State Department of Health and Mental Hygiene, 301 West Preston Street, Baltimore, Maryland 21201. All pharmacies will be mailed complete instructions concerning the new forms.

Community pharmacies, who now have Blue Cross data recorders (imprinters) will not be required to purchase additional data recorders for the new forms. These pharmacies will be issued plates with their pharmacy name and Medical Assistance registration number which can be adapted to the Blue Cross data recorders. Other pharmacies will be provided with data recorders through the wholesaler of their choice. A $29.50 deposit will be required which may be paid at the time of delivery or which may be deducted from reimbursement funds. Pharmacists are to fill in prescription blanks by hand until their new data recorders or plate attachments are received from the Medical Assistance Program.

Questions concerning the forms should be directed to Miss Jean Ingram or Mr. Frederick Hormes at 383-2688. Mr. Bass can be reached at 383-2827.

Photo by Paramount

Speakers at the Spring Regional Meeting of the Maryland Pharmaceutical Association. left to right: Harry Bass, Head, Pharmacy Section, Division of Medical Services, Maryland Dept. of Health and Mental Hygiene; Vincent J. Lozowicki, Staff Assistant for Compliance, Bureau of Narcotics and Dangerous Drugs (Region 4); Earl Vreeland, District Sales Director, Youngs Drug Products Corporation; Donald O. Fedder, President, Maryland Pharmaceutical Association.

VD Awareness Program

The second afternoon speaker was Mr. Earl Vreeland of the Youngs Drug Products Corporation. Mr. Vreeland presented the protocol for the upcoming VD Awareness Program. The month of June will be designated as VD Awareness Month. Paul Freiman, chairman of the MPhA Public Information Committee, will head up this program. Official VD Awareness signs and pamphlets entitled "Plan Talk About Venereal Disease" will be distributed to pharmacies. Speaking engagements are planned throughout the state stressing the three essentials—knowledge, treatment and prevention. Efforts will be made to marshall the opinion of community leaders.

Officials of the Youngs Drug Products Corporation are planning a press reception to kick off the campaign. The company will meet with MPhA staff and with state health officials. Advertisements will be placed in newspapers and there will be radio and television public service announcements. Official proclamations from the mayor and governor will be drawn up for their signatures. There will also be meetings with schools and colleges.

Mr. Vreeland mentioned that his company has played a major role in state legislation outlawing the sale of prophylactics through vending machines. Twenty-two states now have such legislation. He also said that follow-up mailings will insure that the VD Awareness Program will continue throughout the year.

The third speaker on the program was Mr. Vincent J. Lozowicki, Staff Assistant for Compliance, Bureau of Narcotics and Dangerous Drugs. Mr. Lozowicki explained the Federal Controlled Substances Act of 1970.

Business Session

President Fedder briefly reviewed the topics on the agenda of the Annual APhA Meeting in San Francisco. Rudy Winternitz announced that the Installation of Officers of the Prince Georges-Montgomery County Pharmaceutical Association would be held on April 17th at a dinner-dance and that all members were invited to attend. President-elect Nathan Schwartz announced that the registration fee for the annual MPhA Convention would be $5.00 for Sunday, May 16th and $10.00 for Monday, May 17th which includes lunch. A theater function on Sunday night will be $10.00. The convention will be held at the Hunt Valley Inn in Cockeysville.

The meeting adjourned at 4:30 P.M.

Comprehensive Drug Abuse Prevention and Control Act

The Controlled Substances Act essentially combines Federal controls over narcotics and stimulant and depressant drugs into one statute with the responsibility for enforcement placed in one Federal agency, the Bureau of Narcotics and Dangerous Drugs, U. S. Department of Justice (BNDD).

The former designations of Class A, B, X and DACA drugs are eliminated. In place of these, five schedules are employed to classify what are now designated "controlled substances."

Schedule I contains substances with a high potential for abuse that have no currently accepted medical use. Schedule II contains the former "Class A" narcotics and injectable methamphetamine. Schedule III consists of the former "Class B" narcotics and the majority of the DACA drugs, plus paregoric. Schedule IV contains drugs formerly classified as DACA drugs which have a lower abuse potential than those in Schedule III. A main difference between Schedules III and IV lies in the penalties for violation of the law, the penalties being greater if the violation involves a Schedule III drug. Schedule V consists of the former "Class X" products, both prescription and OTC items, with the exception of paregoric.

The commercial container of each controlled substance will bear an identification symbol indicating the schedule in which the drug belongs. The symbol can appear in either of two ways: a capital C followed by the roman numeral indicating the schedule number, or a capital C with the roman numeral inside of it.

The requirements of this new Federal law and the regulations promulgated under it as they pertain to the practice of pharmacy, are summarized below. It must be kept in mind, that if the state law and Federal law differ, the more stringent law is applicable.

Pharmacy Registration

Around April 15, all pharmacies now registered with IRS (Narcotics Tax Stamp) or FDA (DACA Drugs) will receive by mail a provisional registration application form. Along with the application will be instructions for filling out the form. It is suggested that the instructions be carefully reviewed before filling out the provisional application form. The registration fee is $5 which covers all controlled substances in Schedules II through V. A separate registration will be required for each pharmacy location. Individual pharmacists need not register unless engaged in independent research.

When the provisional registration application is received by pharmacies now registered with IRS and/or FDA, a new BNDD registration number will appear in Block No. 5 on the application form. Beginning May 1, this number must be used on all correspondence to BNDD as well as on all orders and any other documents of transfer.

Pharmacies registering for the first time after May 1 will request from the Bureau of Narcotics and Dangerous Drugs, P. O. Box 28083, Washington, D. C., or from any BNDD Regional Office, a Registration Application for New Registrants. Complete instructions and return envelopes will accompany the Registration Application for New Registrants.

Any change of address, location, business activity or name by existing registrants will be handled as a new registration under the system, including the payment of the $5 fee.

Inventory Requirements

All pharmacies must make a complete and accurate record of all stocks of controlled substances on hand as of May 1. Thereafter, the registrant must repeat this inventory procedure every two years, either on the anniversary of the original inventory or at the date of the registrant's regular general physical inventory which is nearest to and not more than six months from the biennial date which would otherwise apply.

This inventory must be taken either as of the opening or the close of business on the inventory date and a notation as to the time entered on the inventory. It must include the kind and quantity of all controlled substances on hand, including strength and dosage form of the controlled substance. The inventory for Schedule II substances must be recorded and filed separately from the inventory for Schedule III, IV and V substances.

For sealed containers, a bottle count is sufficient. For opened containers of Schedule II substances, a tablet, or capsule count is required. Schedule III, IV and V substances either require a tablet or capsule count of opened bottles, or, if the bottle is graduated, an estimate of the contents is sufficient.

The inventory may be taken by tape recording or other electronic means but must be promptly reduced to a written form.

The inventory, upon completion, must be signed by the person responsible for taking it and must be maintained for at least two years at the pharmacy. It should not be sent to BNDD.

When new drugs are added to the list of controlled substances, each registrant will be required to make an initial inventory of all stocks of that particular product on hand.

General Recordkeeping Requirements

As of May 1, each pharmacy must maintain on a current basis complete and accurate records of all controlled substances received as well as all controlled substances dispensed or transferred.

Invoices:

Invoices for all Schedule II substances must be maintained separate from all other records. Invoices for controlled substances in Schedules III, IV and V may either be maintained separately, or may be maintained with invoices for non-controlled substances. In the latter case, controlled substances in Schedules III through V must be red-lined, asterisked, or otherwise marked so as to make them readily distinguishable from the records of the non-controlled substances.

Prescriptions:

A pharmacy must file all Schedule II prescriptions separate from all other prescriptions. Prescriptions for controlled substances in Schedules III, IV and V may either be filed separately, or in the usual consecutively numbered file along with prescriptions for non-controlled substances. In the latter case, the prescriptions for controlled substances must be stamped in red ink with a letter "C" at least one inch in height on the lower right hand corner.

Dispensing of Schedule II Controlled Substances

Schedule II controlled substances may normally be dispensed only pursuant to a valid written prescription. However, under certain emergency conditions, Schedule II substances may be dispensed pursuant to the oral authorization of a prescriber.

An "emergency situation" is one in which the prescriber determines:

"1. that immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user; and

"2. that no appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under Schedule II of the Act, and

"3. that it is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance, prior to the dispensing."

In such an emergency situation, the pharmacist may dispense a Schedule II controlled substance on an oral prescription provided that:

1. If the prescribing physician is not known to the pharmacist, he must make a reasonable effort to determine the legitimacy of the authorization, such as a check in the phone book to verify the prescriber's phone number, call-back, etc.;
2. The oral prescription must immediately be reduced to writing, containing all the information normally contained in a written prescription, absent the physician's signature;
3. The quantity must be limited to the amount required to treat the patient during the emergency period.

Thereafter, within 72 hours the prescriber must furnish the pharmacy with a written authorization for the emergency dispensing, which must be attached to the written notation previously made by the pharmacist and filed in the Schedule II prescription file. The burden of supplying the signed prescription is on the prescriber and the prescriber, not the dispenser, will be penalized if this requirement is not satisfied. However, the pharmacy must inform BNDD if the prescriber fails to deliver the signed authorization as required. The pharmacy's failure to do so voids the original oral authorization, and makes the emergency dispensing unlawful.

Prescriptions for Schedule II substances may not be refilled. NOTE: In a change from prior practice, partial filling of Schedule II prescriptions will be permitted if the balance is supplied within 72 hours. In a partial filling situation, a notation must be made on the prescription form and the prescriber notified.

The prescription label for a Schedule II controlled substance must contain:

1. Date of filling
2. Name and address of the pharmacy
3. Name and address of the patient
4. Name and registration number of the practitioner
5. Directions for use and cautionary statements, if any
6. Warning on transfer to other than patient named on the prescription.

NOTE: The warning requirement is new. The address of the physician or the registery number of the pharmacy need no longer be placed on the label.

Dispensing of Schedule III & IV Controlled Substances

Controlled substances in Schedules III and IV, whether narcotic or non-narcotic, may be dispensed pursuant to either a written or oral prescription. The usual requirement that an oral prescription be promptly reduced to writing and filed applies. As was the case for DACA drugs, a prescription for Schedule III and IV controlled substances may not be refilled more than six months after the date of issue nor more than five times regardless of the date. Upon each refilling, the pharmacist must note on the reverse of the prescription the quantity of drug dispensed, if less than the amount prescribed, the date and the pharmacist's initials.

After the expiration of a Schedule III or IV prescription, additional quantities may be dispensed only on the basis of a new prescription.

Labeling requirements for Schedule III and IV substances are the same as those for Schedule II.

NOTE: Although former "Class B" narcotics are subject to more liberal dispensing rules under Federal law, the more restrictive requirements of state law will still be applicable in many states at least until state law is conformed to the new Federal law.

Dispensing of Schedule V Controlled Substances

Controlled substances in Schedule V may be dispensed only for a legitimate medical purpose, and for some no prescription is required. However, only a pharmacist may dispense an OTC Schedule V substance; a non-pharmacist employee, even under the direct supervision of a pharmacist, may not. However, once the pharmacist has fulfilled his responsibility, for determining medical need, the actual sale transaction may be completed by a non-pharmacist.

A purchaser must be at least 18 years of age and provide suitable identification. Not more than 240 cc. (8 oz.) of any substance containing opium, nor more than 120 cc. (4 oz.) of any other Schedule V substance may be sold without a prescription to the same purchaser in any 48 hour period.

A record book for OTC Schedule V substances must be maintained and must include the name and address of purchasers, the kind and quantity dispensed, the date of the transaction and the initials of the pharmacist.

NOTE: Paregoric, which could formerly be sold on an OTC basis under Federal law is now a Schedule III substance requiring a prescription.

NOTE: All requirements pertaining to Schedule III and IV substances are applicable to Schedule V substances dispensed pursuant to a prescription except that the refill limitations and label warning regarding transfer do not apply.

Warning Requirement

The dispensed container of all controlled substances in Schedules II, III and IV must contain the following warning:

"CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

A strip-label or a pre-printed prescription label may be used to comply with this requirement.

Security for Storage of Controlled Substances

All controlled substances listed in Schedule II shall be stored in at least a securely locked, substantially constructed cabinet.

Controlled substances listed in Schedule III, IV and V must either be stored in such a locked cabinet or dispersed throughout non-controlled substances stock in such a manner as to obstruct the theft or diversion of the controlled substances. NOTE: Former "Class X" products, including OTC's, are subject to this requirement.

Order Forms

Order forms provided at no cost by BNDD are required to procure any controlled substance in Schedule II. Three books, each containing six forms, will normally be furnished per requisition.

Each form will be in triplicate. The pharmacy will submit the original and duplicate to the distributor and retain the triplicate separate from all other records for a two year period. The triplicate copy must then be used to record the number of containers for each ordered item received and the date or dates of receipt. The distributor will retain the original copy and forward the duplicate copy to the BNDD Regional Office. If the distributor cannot immediately fill a complete order, he may fill it in part and supply the balance by additional shipments within 60 days. No order form will be valid for more than 60 days after it is executed.

Theft or loss of order forms must be immediately reported to BNDD.

NOTE: Existing IRS order forms will be valid until April 30, 1972. If these are used, the registrant's BNDD number must be inserted in the block containing the old IRS number. If not used, these forms must be marked "VOID" and retained for a period of two years.

NOTE: An order form containing an item which is not a Schedule I or II controlled substance will be deemed to be improperly prepared and must be returned to the purchaser without providing any item on such form. Former "Class B" narcotics are in Schedule III, thus cannot be ordered on the official order form.

Transfer Between Pharmacies

In the event a pharmacy does not have a controlled substance required by a patient, and the patient has no alternative source of that drug reasonably available to him, the pharmacy may obtain it from a second pharmacy. In such a situation neither pharmacy need register as a distributor. Records of the transaction must be kept, however, and the amount transferred may not exceed that necessary for immediate dispensing. The transaction is recorded as a dispensing by the pharmacy providing the drug and as a receipt by the pharmacy receiving it. Each must retain a signed receipt of the transaction, which if it involves a Schedule II drug must be an official order form.

NOTE: Under previous law accommodation transfers of "Class A and B" narcotics between pharmacies were not allowed.

Returns to Suppliers and/or Manufacturers

A pharmacist may return a Schedule II substance to the supplier from whom he obtained it. An official order form for the quantity being returned must be obtained by the pharmacy from the supplier to whom the item is being returned.

The regulations make no provision for the authorized return of controlled substances in Schedules III, IV or V. In light of the fact that Schedule I and II substances are returnable this is an apparent oversight. APhA will file appropriate comments with the Bureau to correct this deficiency.

Disposal of Controlled Substances

A pharmacist desiring to dispose of surplus or outdated controlled substances may apply to the Regional Director of the Bureau for authority and instructions for such disposal.

The Director will grant authorization and direct disposition in one of the following manners:

1. By transfer to another registrant authorized to possess
2. By delivery to an agent of the Bureau
3. By destruction in the presence of an agent of the Bureau or other authorized person, or
4. By such other means as the Director may determine.

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Drug Abuse

Potency Unpredictable in Street Drug Sales

One of the major problems of street addicts is having confidence in their dope. There are very few drug users who haven't gotten "burned" at one time or another. Experience shows that samples submitted by government agents to chemists for analysis are often not what they are purported to be. An illegal market means no regulation on quality or quantity of drugs. Unscrupulous dealers utilize this situation to pass off undesirable drugs or inflate their profit. Sometimes the dosage is cut with harmless lactose, but other times it may contain a lethal dose of speed, or one drug may be sold for another.

Dr. Frances Cheek of the New Jersey Neuropsychiatric Institute has good rapport with young users. They trust her and will give her samples to be analyzed, believing that she will tell them the truth about the drug. A number of these samples were analyzed by Bureau of Narcotics and Dangerous Drugs chemists, and the results were summarized.

The 14 samples said to be LSD samples were indeed LSD, but of the 13 said to be mescaline, seven were LSD, four were STP, one aspirin, and one consisted of nothing identifiable. Of the two said to be psilocybin, one was LSD and the other unknown. The one MDA sample was MDA, while the two THC were actually phencyclidine. There was an average amount of 100 mcg of LSD in samples alleged to contain 250 mcg.

The makers of street-purchased drugs are selling mescaline and psilocypin because there is a good market for these drugs, in part as a result of the LSD chromosone damage scare. However, the sellers are misbranding because no mescaline or psilocybin has been found in the actual samples. Many persons who would hesitate to use LSD or STP will take mescaline or psilocybin. If the STP is unknowingly combined with LSD by teenagers, prolonged confusional states may result. Or with the uneven quantities from pill to pill, an illicit user may take several to get a more pronounced reaction and may end up with an overdose. More publicity of facts such as these might be an effective curb on illicit drug use.
From BNDD Bulletin November/December 1970.

New Anti-Drug Abuse Visuals are now Available to the Public

A 16 inch by 25 inch full color poster entitled "Wanted Dead or Alive . . . Marihuana" is available from the Preventive Programs Division of the Bureau of Narcotics and Dangerous Drugs, 1405 Eye Street, N.W., Washington, D.C. 20537. The poster serves as an excellent aid to the layman in identifying marihuana in its various stages—from the plant to the pipe. It is ideal for public notice bulletin boards and internal employee information centers. Single prints may be obtained free of charge; bulk copies may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 at 20 cents each, 25% discount for 100 or more.

Also available is "Katy's Coloring Book," a delightful 20-page booklet created for pre-school and primary grade children. It teaches respect for drugs in an entertaining and positive way. Single copies are available from the Bureau address above, and bulk copies from the Government Printing Office at 35 cents each.

Drug Arrests of City Youths up 174 per cent in Year

Arrests of youths under 18 years of age for narcotics violations increased 174 per cent in Baltimore City last year. A total of 103 juveniles—89 boys and 14 girls—were arrested for possession or sale of heroin and other opium derivatives. Four were under 14 years old, seven were 15, and thirty-one were 16.

Since last March, about 1,400 city policemen have been trained by federal narcotic agents at a series of 3-day workshops. They are now equipped with field-testing kits and as a result the traditional role of the department's 22-man narcotics unit, a subsidiary of the larger Vice Squad, has changed.

Addict Crimes Cut 80 Percent by Methadone

Criminal convictions of drug addicts drop more than 80 per cent after those addicts enter methadone treatment programs, but very few addicts become totally independent of any form of drug. These are the major findings in a seven month study of 569 patients at Project Adapt, the city's largest drug abuse center. The study is based on program records kept since Project Adapt opened in 1968, and on personal interviews with patients.

"We wanted to see exactly how much good we were doing," said Rev. James Hodges, director of Project Adapt. "The study indicates very strongly that we can, in fact, treat large numbers of people and help them." There are more than 700 addicts being treated at Adapt.

NABP and NPIC Agree to Use the Same Number to Code Pharmacies

Officials of the National Association of Boards of Pharmacy and the National Pharmacy Insurance Council have agreed to use the same identification code system for the nation's pharmacies.

The six digit code number will indicate the street, city and state location of the pharmacy. Features such as size and type will be included in the master file. The program will be maintained by Fisher-Stevens, Inc., Clifton, New Jersey.

NPIC believes the unique pharmacy identification code will help reduce the cost of third-party administration as well as equipment and will speed payment to pharmacists. Also, claim identification and adjustment will be greatly simplified.

NABP will make the code number available to state boards of pharmacy to utilize for licensure, thus assisting the states in their record-keeping procedures. Further, it will act as a check to see that those facilities receiving legend, controlled or narcotic drugs are legally entitled to handle them.

Washington Spotlight For Pharmacists by APhA Legal Division

Primary Duty Test to Determine Employees in an Executive Capacity

The Wage and Hour Division of the Department of Labor, recently clarified the "primary duty" test to determine whether an employee is in an executive capacity.

This is important in determining whether a person is exempt from the overtime requirement of the "Fair Labor Standards Act."

According to the clarification, a determination that an employee has management as his primary duty must be based on all the facts in a particular case. The regulation goes on to indicate that the amount of time spent in the performance of managerial duties, is a useful guide in such a determination. In the ordinary case, a good "rule of thumb" is that primary duty means the major part, or over 50 per cent of the employee's time.

Time alone, however, is not the sole test, and in those situations where less than 50 per cent of the employee's time is spent in managerial duties, other factors may support the conclusion that management is the primary duty.

These factors include among others;

1. Relative importance of managerial duties as compared to other types of duties.
2. Frequency with which the employee exercises discretion.
3. Relative freedom from supervision.
4. Relationship between his salary and the wages paid other employees for the kind of non-exempt work performed by the supervisor.

New Law on Credit Cards

An amendment to the "Truth-in-Lending Act" passed by the 91st Congress near the end of its session, regulates issuance and use of credit cards. The new law was designed to remedy certain problems relating to credit cards, and supersede the trade regulation issued by the FTC last May, which banned the mailing of unsolicited cards.

Beginning January 25, 1971, a cardholder may only be held responsible for the unauthorized use of his card by another up to a maximum of $50.00. The card issuer can recover this from the cardholder only if the issuer:

1. Gives notice of this potential liability.
2. Provides the cardholder with a self-addressed, prestamped notice which can be returned to the issuer in case a card is lost or stolen.

Once the cardholder has informed the issuer that a card is lost or stolen, no further charges can be made against him.

All cards issued after January 25, 1971, must provide all required liability notices to the cardholder and some identification, such as a photograph showing the person authorized to use the card.

All credit cards, regardless of issue date must contain this identification by January 25, 1972.

The unsolicited issuance of credit cards is also banned by the law, except if the card is a renewal or substitute for an existing card.

Narcotic Paraphernalia Sales

A recently released report of the House Select Committee on Crime, discusses heroin abuses and how these abuses are aided by manufacturers and retailers who sell various items used in the heroin trade in large quantities. These sales, for the most part, are legal but in most cases do contribute to the addiction problem.

The paraphernalia discussed, includes among others, hypodermic needles and syringes, empty gelatin capsules (especially No. 5's), glassine envelopes and cutting agents such as dextrose, lactose, mannitol and guinine.

Pharmacists are advised to use the utmost discretion in making any large quantity sales of these products.

Federal legislation to limit such sales will no doubt be introduced during the next session of Congress. Various state legislatures will also consider this matter.

The State of Maryland has a statute regulating such sales, which went into effect in July of 1970. The Maryland statute is aimed at the unlawful possession of such articles, but a regulation governing the sale of various paraphernalia by pharmacists has been promulgated. (See January, 1971 issue of this journal, p. 10). This regulation limits the sale of these articles by the pharmacist only in good faith to patients showing proper identification and an indication of need.

A record must be kept of these sales that contains the name and address of the purchaser, date of sale, item and quantity sold and signature of the pharmacist.

Maryland Blue Cross Prescription Program

New Groups effective April 1, 1971:

Hochschild Kohn and Company—$.50 deductible.

Sheet Metal Workers Local No. 122—No deductible.

Retired employees and surviving spouses, and their dependents, as well as sponsored dependents of the United Auto Workers—$2.00 deductible.

This represents an increase of approximately 6,000 new members. The Maryland Blue Cross out-of hospital Prescription Drug Program now covers approximately 50,000 members.

Insulin Benefit:

Insulin is a covered item under the Prescription Program, even though no prescription is necessary for its purchase. If you dispense insulin, Blue Cross will pay you your reasonable charge to your regular customers less any deductible amount. *NOTE*: You may dispense a maximum of four (4) vials of insulin at one time and collect only one deductible.

Wholesale Drug Companies Offer Service to Pharmacists

This is the third of a series of articles describing some of the services that the full-line, full-service drug wholesalers can offer to assist the pharmacist in establishing and maintaining a successful operation in the face of rising competition.

Sentry Drug Center Franchise Program

The Sentry Drug Center system is a program designed to allow aggressive pharmacists to own and manage completely equipped modern drug centers that provide quality products and dependable service at competitive prices. The Sentry Drug Center franchise offers the qualified pharmacist the advantages of ownership while minimizing all attendant problems and risks. Benefits that owners will have in their franchise are experience, consolidated management, drugstore marketing facilities, automated consolidated bookkeeping and billing, joint computerized inventory control and ordering procedures, joint merchandising, advertising and promotion, marketing and traffic analysis, site selection, finance resources, and store design and fixtures.

Drug Center Features

A Sentry Drug Center is completely designed and programmed for volume business with the following features:

1. Complete professional prescription department.
2. Full line of proprietary and OTC merchandise and representative inventory of convalescent and home nursing aids.
3. Quality selection of health and beauty aids.
4. Scientific selection of high-turnover sundries and seasonal merchandise items.
5. High-profit camera and photo supply department.
6. National brand box candy.
7. Tobacco products and related items.
8. Self-service ice cream.
9. Greeting cards and gifts.

Shopping Center Sites

Sentry Drug Centers are designed primarily for the community-strip shopping center that ranges in size from 25,000 to 150,000 square feet. Each Sentry store is designed to occupy space from 3,000 to 10,000 square feet, depending upon site survey and feasibility studies of a specific market area. The program also offers the qualified pharmacy owner a AAA leasing facility in a certified site location.

Qualifications

Qualifications for a Sentry Drug Center franchisee include being a registered pharmacist and/or a qualified investor with a proven record of experience in retailing, references for credit and character and evidence of financial stability. Franchise and start-up costs under the Sentry plan are about $130,000 with a cash requirement depending on store size, location and other variables of between $35,000 and $45,000.

Sentry estimates that a 3,000 square-foot store would have 36 per cent gross profit on an annual volume between $300,000 and $600,000 with the total operating profit amounting to about 8.34 per cent.

Sentry Drug Centers, Inc. is a wholly owned subsidiary of the Henry B. Gilpin Company . . . a full-line, full-service wholesale drug company, established in 1845. More information may be obtained from Sentry Drug Centers, Inc., 901 Southern Ave., S.E., Washington, D.C. 20032.

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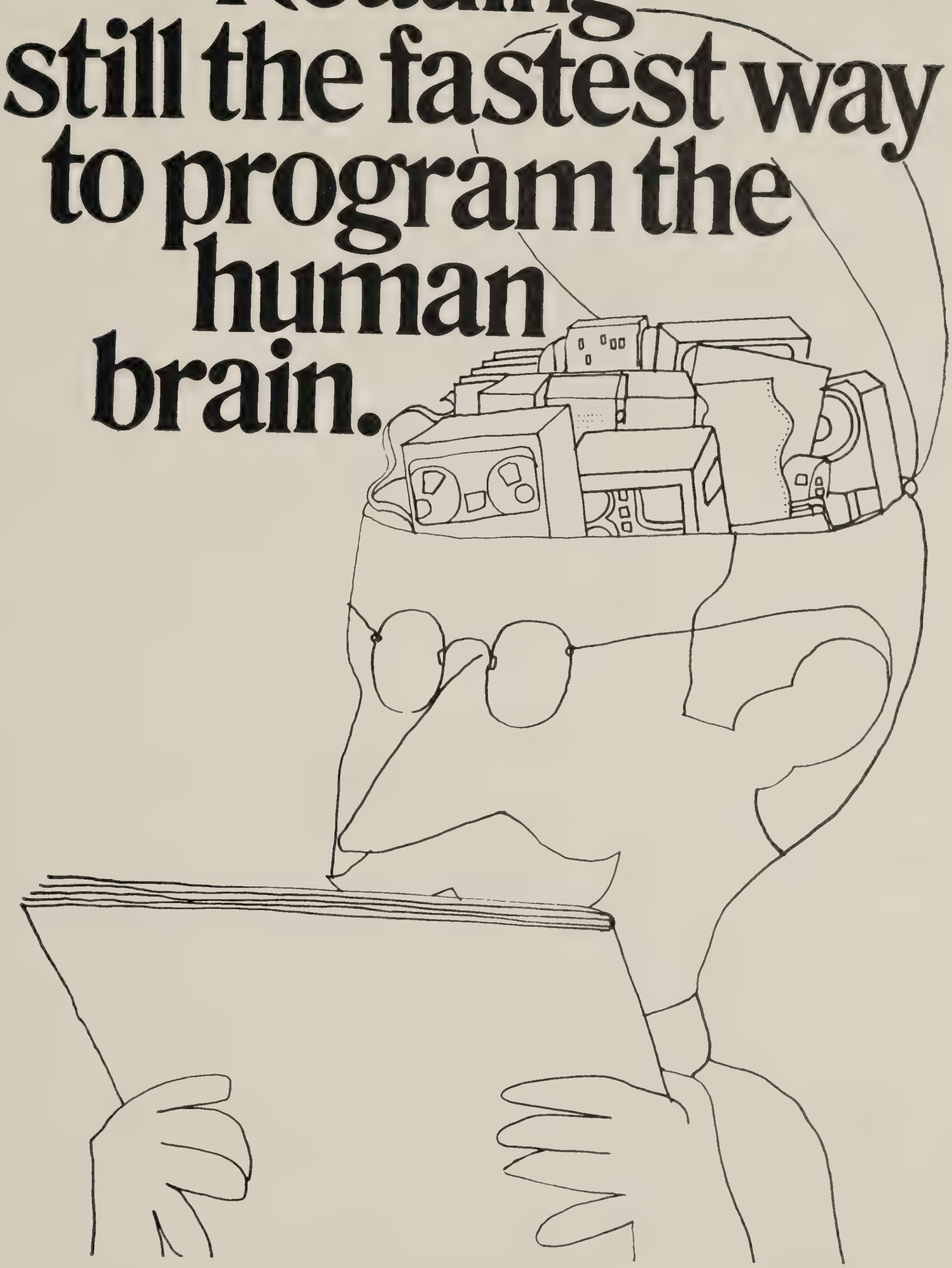

Reading is still the fastest way to program the human brain.

In an era of "information explosion," how do you "program" information to the human brain? Spoken language is far too slow. The average person speaks about 150 words per minute. Fast readers can read up to 1,500 words a minute—ten times the average rate for the spoken word. Perhaps this is why millions of people regularly purchase from pharmacies, magazines, paperbacks, comics and newspapers from insight and enjoyment.

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A Collection of Compounded Prescriptions

by

B. F. Allen*

Historically, one of the important professional services performed by a pharmacist is the compounding and formulation of even the simplest-appearing prescription written by a medical doctor. This is a function which the prescriptionist has executed exceedingly well, even during the last 25 years when the percentage of compounded prescriptions was less each year.

In 1964 it was estimated that 4 per cent of modern prescriptions required some compounding operation by the pharmacist. In 1965 a report indicated 3 per cent of prescriptions in America were compounded. The grand total of compounded prescriptions in 1968 was less than 1 per cent of all prescriptions dispensed.

Whenever prescription surveys are conducted, the ratio of compounded prescriptions seems to drop to a new all-time low. However, it is interesting to note that one busy Baltimore metropolitan pharmacist recently stated his average is about 2 per cent. A reason for this slightly higher than average percentage—several pharmacies in his immediate area refuse to compound prescriptions.

Early in 1970 it was stated that in the United States there are about 190,000 physicians in private practice and together they originate in a year about 1,300,000,000 prescriptions, including refills. If only 0.5 per cent of modern prescriptions require some compounding operation, the fact that 1.5 billion prescriptions (or more) may be filled in 1971 means the number requiring compounding will be in the millions.

A teacher, who is interested in compounding practice, is often confronted by students, educators, pharmacists, manufacturers' representatives, as well as the public, with the statement that there is "no" compounding (and similar expressions) in the modern pharmacy.

For many years, discussions with students revealed that while some were aware of the problem and somewhat concerned, others had no information that would indicate the situation exists. These, and other factors, led to a decision to embark on a simple study of the problem with the cooperation of students of the School of Pharmacy (the writer had these students for instructional purposes in several classes).

The students were instructed to make a copy of the first prescription on the "current" file, requiring some form of compounding. This information was usually obtained in a pharmacy where the student was employed. The results of two studies were published in this Journal, June 1964 and March 1965.

Practicing pharmacists can make a valuable contribution to a teaching program involving current drug and other chemical material combinations in compounding. The busy practitioner often forgets that a student has not been exposed to the great variety of combinations of the past, and the student many times believes it is a first time up-to-date development.

This writer has, for a very long time, attempted to stimulate interest in compounded prescriptions among the students at the school. Every year students continue to bring in prescriptions of this type and later, after graduation, often mail in some to the writer. One recent graduate sent a series of compounded prescriptions from California.

A young pharmacist soon finds in practice that many of the prescription formulas requiring compounding are mixtures and blends of unfamiliar or difficult to obtain raw materials or highly complex compounds. It often happens that two indviduals using the same ingredients in the same formula get different results. This may be due to slight deviations in the materials used or the technique.

The following are some of the more recent examples of prescription orders (and, at times, prescription problems) supplied to the author by students and pharmacists:

(1)		
Ether		8.0
Para-Aminobenzoic Acid		15.0
Rose Water	QS	100.0
(2)		
Salicylic Acid		5.0
Olive Oil	QS	100.0
(3)		
Chrysarobin		25.0
Chloroform	QS	100.0
(4)		
Ethyl Oxide		32.5
Alcohol		65.0
Ethereal Oil		2.5
(5)		
Hexachlorophene		0.5
Cocoa Butter Lotion	QS	100.0
(6)		
Olive Oil		70.
Wintergreen Oil		14.
Chloroform Liniment		14.
(7)		
Mineral Oil		33.0
Strawberry Concentrate		QS
Saccharin		QS
Preservative		QS
Water	QS	100.0
(8)		
Cudbear Tincture		3 drops
Euresol		4.
Mercury Bichloride		0.1
Rose Water		15.0
Alcohol (70%)	QS	240.0
(9)		
Mercuric Chloride		0.13
Salicylic Acid		2.0
Glycerin		4.0
Alcohol (50%)	QS	180.0
(10)		
Ammonium Chloride		5.0
Ammonium Carbonate		5.0
Hydrocyanic Acid Diluted		2.4
Tolu Syrup		60.0
Wild Cherry Syrup		60.0
Brown Mixture	QS	240.0
(11)		
Benzoyl Peroxide		10.0
Ointment Base	QS	100.0
(12)		
Salicylic Acid		5.0
Lanolin		47.5
Petrolatum		47.5
(13)		
Salicylic Acid		10.0
Liquor Carbonis Detergens		20.0
Aquaphor	QS	100.0
(14)		
Neutracolor		0.03
Burow's Solution		1.5
Titanium Oxide		1.0
Qualatum	QS	30.0
(15)		
Hydrocortisone		0.5
Mycostatin		2,000,000 units
Dermabase		7.5
Water	QS	30.0
(16)		
Salicylic Acid		2.0
Ammoniated Mercury		4.5
L.C.D.		3.0
Dermabase	QS	60.0
Euresol Procapillaris		4.0

The following chemicals or materials were also requested alone in the form of a prescription order: Burgundy pitch (to be used in the treatment of sores), calcined magnesia, camphoric acid (12 capsules requested each to contain ½ grain), fuming nitric acid (to be dispensed in a glass stoppered bottle), methylcellulose (powder to be used as a bulk laxative), sodium thiosulfate (25 per cent solution) and trichloroacetic acid (to be applied to warts).

---

*School of Pharmacy, University of Maryland

Also, as examples, the following interesting formulas were also prescribed:

(17)

Iodine Tincture	3 fl. oz.
KISS	3 fl. oz.
Soft Soap	1 lb.
Pine Tar	1 pt.
Water QS	1 gal.

(Liniment For Horse)

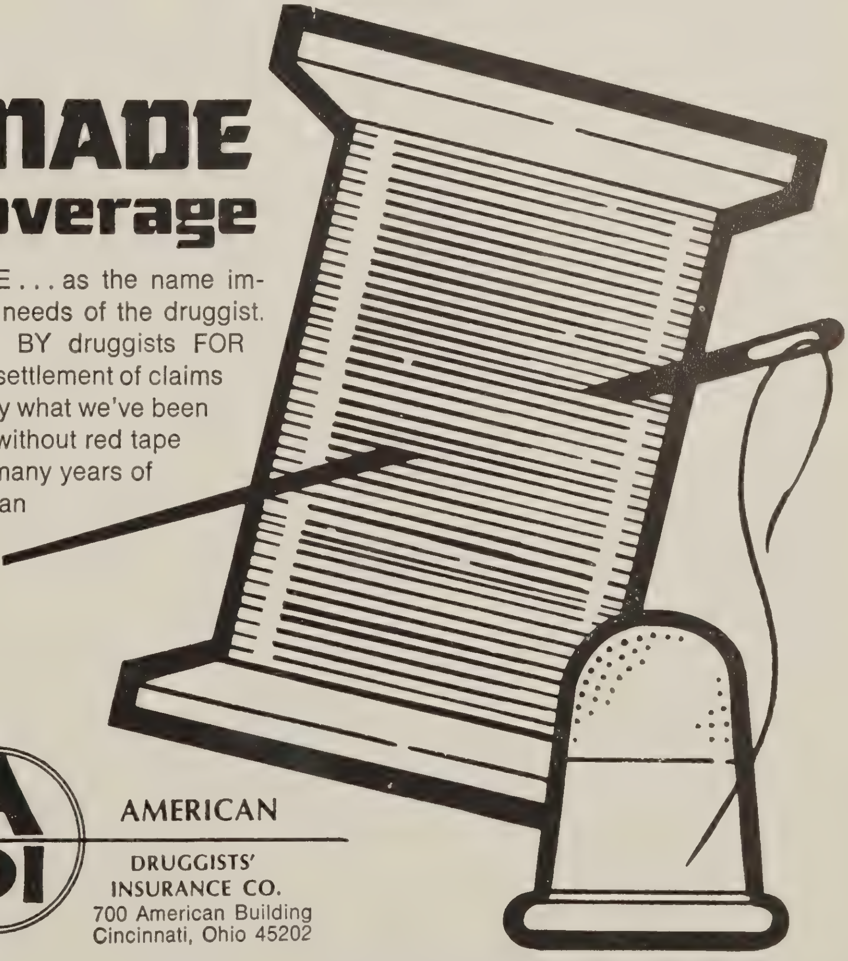
(18)

Methyltestosterone	1/10 Gr.
Dextrose	9 Gm.

Mix into 10 equal powders.
1-powder daily in ¼ tsp.
eggyolk
(For Canary To Sing)

A pharmacist in the Baltimore metropolitan area also received a request for several pounds of glutamine to be used as a food supplement for cattle.

Students employed in a pharmacy and involved in the 1969-70 compounding course were instructed to make a copy of the first prescription on the "current" file requiring some form of compounding operation. A total of 26 prescriptions were received from interested students and an analysis of the formulas revealed that 66 different drugs or commercial preparations were prescribed by the physicians. A tally of the relative occurrence of items in these prescriptions is indicated in the parentheses: acacia (1), acetylsalicylic acid (1), Actifed-C (1), Alugel (1), amaranth solution(1), Amytal (1), ammonium chloride (3), antipyrine (1), aromatic elixir (1), belladonna tincture (5), Benylin expectorant (1), bismuth subcarbonate (1), caffeine citrated (1), carbonis detergens liquor (2), carron oil (1), Cheracol (1), citric acid (1), cocaine hydrochloride (2), codeine phosphate (1), codeine sulfate (6), Continex syrup (1), Cordran cream (1), Creamalin (1), Demazin syrup (1), Emulsion base (1), Gantrisin white liquid(1), glycyrrhiza compound mixture (1), Hybephen elixir (1), Hycodan syrup (1), Hydryllin compound (1), hyoscyamus tincture (2), lanolin (2), magnesium carbonate (1), Methajade (1), Mylanta liquid (1), Orthoxicol (1), peppermint spirit (1), pepsin lactated elixir (1), petrolatum (2), phenacetin (2), Phenergan expectorant pediatric (1), phenobarbital (3), phenobarbital sodium (2), phenol (2), potassium citrate (2), potassium iodide saturated solution (1), Pyribenzamine expectorant with ephedrine (1), Robitussin (1), salicylic acid (1), Sedatole (1), Silvol (1), sodium bromide (1), sodium nitrate (1), sodium salicylate (1), sodium thiosulfate (1), sulfur precipitated (1), Synalar cream (1), Taka-Diastase liquid (2), tannic acid (2), terpin hydrate with codeine elixir (1), tolu syrup (1), Trancopal (1), Triaminic syrup (1), Tylenol elixir (1), Valium (1), and wild cherry syrup (1).



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LAMPA News

How do you describe a LAMPA "Show and Tell" program that featured approximately 46 antiques—many very valuable, some irreplaceable—all with interesting stories surrounding them? Ask any one of the members that attended the Spring Regional Meeting at the Colony 7 Motor Inn on March 24, 1971.

Through our possessions, it was obvious our Lampettes have interests as diversified as our dress sizes. Several pharmacists' mates displayed treasured apothecary items, such as a rare, old quassia cup; a delicate, old, beautifully preserved scale; and an ancient Egyptian mortar and pestle. Cherished old silk, lace, and woolen bed linens and wearing apparel were shown. A century old newspaper, cook book and prayer missal, all in good condition and written in contemporary style, were briefly highlighted. A unique collection of old Tiffany and Kirk silver, for a lady's boudoir and for travel, was beautiful to see and have explained. Rare stamps, an old car ornament, gold coins, icons and a copper B & B warmer (Bed and Bottle) were carefully displayed and discussed.

We had beautiful heirloom china and an irreplaceable Catholic relic of museum quality. Even the christening dress of a prominent member of our pharmacy coterie showed up. Jewelry—old, new, symbolic and precious, from far away places and of sentimental value evoked many ohs and ahs. Our world travelers were represented too, with colorful curios and interesting tales. An unusual plant (with free seeds available) and decorative rocks had a niche in our potpourri. We were so pleased with the treasures our 13 participating ladies brought, we invited the men attending the MPA meeting to browse too. The warmth and pleasure that prevailed during the Show was contagious.

A travel film extolling the food and fun on the island of Jamaica was also shown. The business meeting concerned itself primarily with preparations for our annual convention May 16 and 17, 1971 at the Hunt Valley Inn and the post-convention trip to Jamaica.

Each member left the meeting clutching a fresh potted geranium.

—Anne Crane,
Communications Secretary

Photo by Paramount

Members of the Ladies Auxiliary at the MPhA Spring Regional Meeting, from left to right: Mrs. Charles S. Austin (Dorothy), treasurer; Mrs. Richard R. Crane (Ann), communications secretary; Mrs. Louis Rockman (Dora), president; Miss Mary DiGristine, recording secretary; Mrs. Manuel Wagner (Sadie), membership treasurer; and Mrs. Frank Block (Eva), board member.

A.Z.O. News

Kappa Chapter of A.Z.O. Pharmaceutical Fraternity held a breakfast meeting on Sunday, February 21 at the Holiday Inn in Pikesville. The speaker was Mr. William Finnegan, Vice President, Paid Prescriptions. A joint dinner meeting was held on Sunday, March 7 at Martin's West and the speaker for that occasion was the Reverend Fred Hanna—well known in the Baltimore area for his work with youth.

District Wholesale Moves Into New Quarters

District Wholesale Drug Corp. division of Spectro Industries has moved into its new $1,500,000 distribution facility in Prince George's County, Md. Construction was started last August. The 60,000 square feet office and warehouse is located at 7721 Polk Street, Landover, Md. 20785.

Local Testing Being Done on One-A-Month Birth Pill

About 250 Baltimore women are participating in tests of a once-a-month birth control pill at Baltimore City Hospitals. The women in the experimental research program include both private and welfare patients. According to Dr. Frank Kaltreider, chief of obstetrics and gynecology at City Hospital, experience so far is too scant to be properly evaluated. However, he said that the once-a-month pill's reliability appears to be on par with "every other type of oral contraceptive."

"The active ingredients of the pill are similar to the oral contraceptives now on the market," he added. "The major difference between the every day type and the once-a-month type is in its rate of absorption, release and metabolic intake by the body." Total dosage of effective ingredients is comparable and may be even slightly less than the total in the currently used pills.

31st International Congress of Pharmaceutical Sciences to be Held in U.S.

The 31st International Congress of Pharmaceutical Sciences of the International Pharmaceutical Foundation (FIP) will be held in Washington, D.C. from September 7 to 12, 1971. Founded in 1912, FIP is an international federation of national pharmaceutical associations which represents pharmacy world-wide in its broadest sense. Forty five national pharmaceutical associations from five continents are represented in FIP.

FIP scientific congresses have been held regularly since the end of World War II. The 31st Congress, however, will be the first international meeting of pharmacy to be held in the U.S. since the Fourth Pan-American Congress of Pharmacy and Biochemistry, which met in Washington fourteen years ago in 1957.

The Congress will be hosted by the American Pharmaceutical Association in cooperation with the APhA Academy of Pharmaceutical Sciences. A contribution campaign under the chairmanship of Dr. Thomas J. Macek with a goal of $50,000. to help supplement the cost of hosting the Congress had reached one-third of its goal as of January, 1971. Contributions are being received from national and state pharmacy organizations as well as from the pharmaceutical industry.

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Obituaries . . .

Matthew Glenn

Matthew Glenn, 72, of Baltimore, died on March 5. He had reciprocated from New Jersey in 1926 and worked as a pharmacist in New Jersey and Maryland until his retirement in 1967. Mr. Glenn was a native of Ayr, Scotland.

Arthur A. Musher

Arthur A. Musher, 57, of Silver Spring, died on March 19, 1970. He was a 1934 graduate of the University of Maryland School of Pharmacy.

Zygmont W. Karwacki

Zygmont W. Karwacki, 80 died at Mercy Hospital on March 23, 1971 after a long illness. Mr. Karwacki was a 1914 graduate of the University of Maryland School of Pharmacy and proprietor of a pharmacy at Eastern Avenue and Ann Street for 41 years. He retired in 1958.

Emanuel Rosenthal

Emanuel Rosenthal, 70 died on March 26, 1971. He was a 1923 graduate of the University of Maryland School of Pharmacy and proprietor of a pharmacy at York Rd. and Rossiter Ave. for 38 years. He retired in 1964.

Officer Rank Sought for Inducted Pharmacists

The American Pharmaceutical Association has recommended to a U.S. Senate committee an amendment to the Selective Service Law that would assure pharmacists inducted into the service of commissioned officer rank.

The proposed amendment was contained in an APhA statement filed March 1 with the Senate Committee on Armed Services, which had been considering the Selective Service Act. The APhA statement also discussed pharmacy student deferments.

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NATHAN I. GRUZ, *Executive Director*

Convention Bulletin and Advance Registration Form

89th Annual Convention
Maryland Pharmaceutical Association
In conjunction with The Ladies and Travelers Auxiliaries
Hunt Valley Inn, Shawan Road, Cockeysville, Maryland
Sunday and Monday, May 16 and 17, 1971

A brand new convention facility - easily accessible to every area of the state. This year - a different Annual Meeting format for MPhA's greater effectiveness and for our members' convenience. The daytime program has been arranged to concentrate on the business of the MPhA and the issues in pharmacy. The evenings feature entertainment and above all, opportunities for good fellowship and social conviviality. Read the convention schedule on back of this page.

REGISTRATION FEES

	Men	Ladies
Sunday, May 16	$ 5.00	FREE
Monday, May 17	$10.00*	$10.00*
Total	$15.00	$10.00

Per couple: $25.00*

*This fee includes lunch and gratuities, with either the MPhA or the LAMPA-TAMPA group.

No additional registration fee for family, children and guests of members.

No one will be admitted to business sessions or functions who is not registered.

CHARGES FOR FUNCTIONS ONLY TO REGISTRANTS AND THEIR GUESTS

1. Sunday- 10:45 A.M. LAMPA Tour...............no extra charge
2. Sunday- 6:00 P.M. Cocktails and Limestone Dinner Theatre...........$10.00
3. Monday- MPhA Luncheon.....Included in Monday Registration fee
4. Monday- LAMPA-TAMPA Luncheon with Arnold Zenker....Included in Monday Registration fee
5. Monday- 6:30 P.M. Cocktail Hour and Installation Banquet and Dance....$15.00

Urgent Notice: Register Early for complete Convention package as there is only a limited capacity at the Limestone Dinner Theatre. Seats will be reserved on a "first come" basis. Mail your registration and reservations.

Convention Registration Form

Check registration fee and function fees desired (indicate number of persons)

Sunday________Men@$ 5.00   Ladies FREE
Monday________Men@$10.00 ______ Ladies@$10.00
Total ________Men@$15.00 ______ Ladies@$10.00

Functions: Sunday - Limestone Dinner Theatre @ $10.00
Monday - Cocktail Hour, Banquet & Dance______@$15.00

Complete Convention Package-registration fees and all functions:
Men - $ 40.00, Ladies - $ 35.00 - $75.00 per couple.

Complete and detach this form and mail with check made out to MPhA in enclosed envelopes. Enclose Hunt Valley Inn Room Reservations Card for overnight accommodations. Include all names. Use reverse side.

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let's get down to brass tacks

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4. **A professional planning and remodeling service** within our organization which includes complete service in floor design, fixture and installation.

5. **Professional help in site selection,** store development and in lease acquisition for desirable sites.

6. **Computerized inventory and billing systems.** This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.

7. **A financial service consultant** to service you on request.

8. **Professional Services Department.** A professional services department which provides you with vital assistance in the form of direct services and/or consultation in areas including: Medicare, Medicaid, third party payment programs, pharmaceutical inventory control, federal and state regulations, and many other areas.

9. **Two giant product shows each year:** in January featuring summer goods; in July featuring selections of fall and gift merchandise and emphasizing promotional sundries.

10. **An Accounts Receivable program.** A computerized system that knows pharmacists. The program handles your charge accounts and gives your customers a monthly statement showing all their deductible medical expenses, both for the current month and for the year to date. It also provides a monthly report on the aging of your accounts in the summary.

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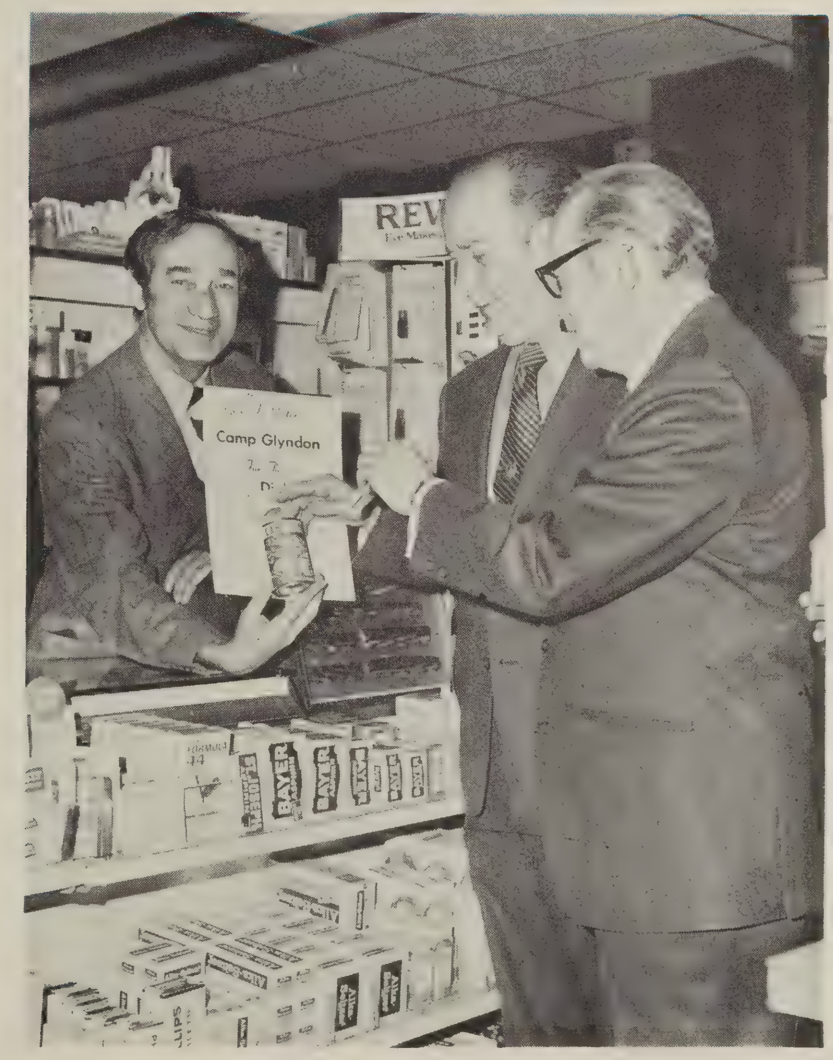
the maryland pharmacist



Irvin Kamenetz, President of the Baltimore Metropolitan Pharmaceutical Association, receiving donations for the Camp Glyndon restoration project of the BMPA. The donators are Wm. Donald Schaefer, President of the City Council of Baltimore City and Dr. Abraham Silver, Medical Director of Camp Glyndon.

Volume 47 MAY 1971 Number 5

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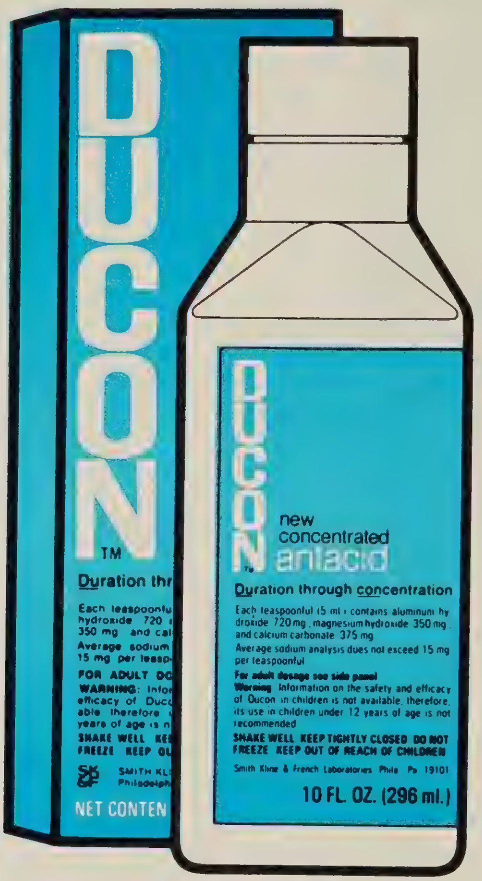
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The Maryland Pharmacist

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650 WEST LOMBARD STREET
BALTIMORE, MARYLAND 21201

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VOLUME 47 MAY 1971 NUMBER 5

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Editorial . . .

The Emerging Patterns in Pharmacy Practice

During the past decade we have seen the following patterns in pharmacy service emerge:

First, we see a greater role for institutional pharmacy concomitant with the growth of the hospital as the source of an increasing percentage of the total services of the current health delivery "system". This has come about for a variety of reasons, including population shifts, decline in availability of general practitioners and need for specialized equipment, facilities and personnel.

Second, there is the decline of the small independent neighborhood pharmacy, the relative growth of the "large independent" and explosive growth of chain (including discount and supermarket) pharmacy. Nevertheless, many independents who have emphasized personalized relationships with their patrons have been able to retain their loyalty in the face of the most severe competitive challenges. Where pharmacists have made it a cardinal rule to maintain person-person contact with patrons requiring prescription and health-related products, confidence and trust has been generated which is able to overcome to a considerable degree competitive appeals based solely on price.

Where pharmacists have personal contact with patrons who require prescription and other health products and maintain medication records for them, experience has shown that these pharmacists have established a solid pharmacist-patient relationship. Usually this includes the physician as well. Providing pharmaceutical services to nursing homes, extended care facilities, small hospitals and other health facilities is a great challenge to pharmacists. Here the interested pharmacist must be sure he has become knowledgeable and expert in new developments in systems, procedures, equipment and automation so that he can provide the necessary services in an efficient and economical manner. This must be done in line with good professional practice and so that the needs for drug security, proper storage, control of distribution and, above all, the needs of the patients are met.

This means that the opportunity for the innovative, flexible pharmacist applying new ideas in providing pharmaceutical services is present. It means, in many cases, new patterns in practice and in management. Group practice by pharmacists may be the answer in some situations. Participation in neighborhood health centers established by health professions, by governmental agencies or jointly by government and professions will be the answer for some.

Third, we see great change in what constitutes the "practice of pharmacy" both in the hospital and community setting. That is, the concepts of pharmacist-patient involvement and of "clinical pharmacy" are assuming greater significance in the providing of complete health care to both hospitalized and ambulatory patients. It is doubtful whether pharmacists will be able to escape the full professional and legal responsibilities for which their education and training qualify them.

This pertains especially to the pharmacist's duties and responsibilities to patient and physician in maintaining patient drug histories and utilizing the data in regard to possible drug interaction, drug over-utilization, maintenance of the prescribed drug regimen and in general providing prescriber and patient with appropriate information, guidance and counsel about drugs.

Why else have a five or six-year education to produce a pharmacist?

Fourth, there are great pressures both within and outside of pharmacy for pharmacists to assume an ongoing function in drug product selection. This has long been the established practice in the closed system of institutional practice. The APhA and others in pharmacy and many in labor, the consumer movement, legislators and others are nevertheless embarked on the road to change the status quo of "antisubstitution" laws in the face of legal restraints and strong opposition from industry and organized medicine.

Fifth, the proliferation of "third-party" patients health insurance plans which more and more are including drug programs, is having a critical professional and economic impact on pharmacy.

Sixth, there is the growing acceptance of the inevitability of a national health insurance plan which will include a drug program. It seems very likely, however, that we will have for some time a variety of sources of health care available to the public: the private, solo practitioner, group practice, health centers, the medical or hospital center. How these services will be financed will perhaps be determined in the next two or three years.

Seventh, the kind of supportive personnel to be used in pharmacy, their role and status will have to be resolved. Crucial professional and economic considerations are involved which deeply affect all pharmacists—community, hospital independent, chain, proprietor, manager, and employee.

The profession of pharmacy through its professional organizations must address itself to all these issues.

The Maryland Pharmaceutical Association has established a mechanism through its House of Delegates for voice for all pharmacists in the State in developing policies in the issues outlined above as well as any other issues. When pharmacists join and participate in the affiliated pharmaceutical organizations, they are entitled to maximum representation. The various recognized and related groups including students also have delegates.

The organizational structure in pharmacy now has the machinery for "participatory" democracy in Maryland. Let us act to involve every pharmacist and the entire drug industry in our State so that we accelerate the professional and economic advancement of pharmacy. Professional growth for pharmacy will inevitably result in the maximum contribution of pharmacy to more effective health care for all for the benefit of both profession and society.

—Nathan I. Gruz

Changes in Controlled Substances Act

The regulations concerning the Controlled Substances Act were printed in the April issue of *The Maryland Pharmacist.* The Bureau of Narcotics and Dangerous Drugs now announces the following changes:

—Patients' address and prescribers' registry number will *not* be required on the prescription label.

—The transfer warning label will not be required until June 15, 1971.

—Paregoric will be in Schedule III but OTC sales will be permitted (where permitted by state and local laws).

—Prescription labels for Schedule II, III, and IV substances must contain:

a) Prescription number
b) Name and address of pharmacy
c) Name of prescriber
d) Name of patient
e) Date of dispensing
f) Directions for use and cautionary statements, if any.
g) Transfer warning (after June 15, 1971)

—Stocks of labels with the old IRS registry number imprinted thereon may be exhausted.

—Prescription filing:

a) one file for Schedule II and one file for all other prescriptions providing Schedule III, IV, and V prescriptions be stamped in lower right hand corner with red "C" at least one inch in height.

or

b) one file for all controlled substances providing Schedule III, IV, and V prescriptions stamped as above, plus one file for all other prescriptions.

or

c) one file for Schedule II prescriptions, one for Schedule III, IV, and V prescriptions and one file for all other prescriptions.

Biomedical information on tape

The National Library of Medicine will make available on subscription, magnetic tapes containing data from the Library's computer-based Medical Literature Analysis and Retrieval System (MEDLARS). The tapes contain citations to the biomedical journal articles which are indexed to provide the data base for NLM publication and information services. Tapes will be made available in *only* the following format: ½" IBM 7094, 800 BPI, seven-track.

Purchase agreements are available from: Dr. Joseph Leiter, Associate Director for Library Operations, National Library of Medicine, 8600 Rockville Pike, Bethesda, Maryland 20014, ATTN: Tape Purchase Agreement.

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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of April:

New Pharmacies

Montgomery General Hospital—Pharmacy, Edward C. Wilson, President, 18101 Prince Philip Drive, Olney, Maryland 20832.

No Longer Operating As Pharmacies

Princess Anne Pharmacy, Benjamin McAllister, Jr., Main Street, Princess Anne, Maryland 21853.

Joppa Rexall Pharmacy, Leon Levin, 1220 East Joppa Road, Baltimore, Maryland 21234.

Change of Ownership, Address, Etc.

Marvin Oed, Inc., Marvin Oed, President, (Change from Rutkowski's Pharmacy), 743 South Conklin Street, Baltimore, Maryland 21224.

Kay Cee Drugs, Irving Goldberg, President, (Change of Ownership from Leo Goldfeder, President to Irving Goldberg, President and change of address from 4009 Main Street. Formerly Metro Drugs), Main Street, Upper Marlboro, Maryland 20870.

Korvettes—Pharmacy, Marshall Rose, President, 1955 East Joppa Road, Towson, Maryland 21204; Korvettes—Pharmacy, Marshall Rose, President, 11800 Rockville Road, Rockville, Maryland 20850; Korvettes—Pharmacy, Marshall Rose, President, Governor Plaza and Ritchie Highway, Glen Burnie, Maryland 21061; Korvettes—Pharmacy, Marshall Rose, President, 5407 Baltimore National Pike, Baltimore, Maryland 21229. (change of ownership from Murray Sussman to Marshall Rose).

Penn-Dol Pharmacy, Donald Schumer, President, (Change from Individual Ownership to Corporation), 1133 Pennsylvania Avenue, Baltimore, Maryland 21201.

Notice—Board Exams

The Maryland Board of Pharmacy will conduct an examination for registration as Pharmacist at the School of Pharmacy, University of Maryland, 636 West Lombard Street, Baltimore, Maryland.

On Monday, Tuesday and Wednesday

June 28, 29 and 30, 1971

The examination will begin at 8:00 a.m. each day. Applications must be in the hands of the Board by Friday, June 18, 1971.

Financial Statement

1970 Fiscal Year

The following statement was received following publication in the March 1971 issue of the "Maryland Pharmacist" of the Annual Report of the Maryland Board of Pharmacy 1969-70.

FINANCES

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursement covering the expenses of the Board are paid by voucher by the State Comptroller.

STATE BOARD OF PHARMACY FINANCIAL STATEMENT

1970 Fiscal Year

Balance forwarded—July 31, 1969		$ 8,740
Receipts—July 1, 1969 - June 30, 1970		12,659
Expenditures July 1, 1969 - June 30, 1970		
Salaries and Per Diem of Board Members	$2,047	
Operation Expenditures	4,303	6,350
Balance—June 30, 1970		$15,049
Transferred to General Fund Surplus		$15,049
Amount forwarded—July 1, 1970		$ ....

Effective July 1, 1970, balance of funds ($6,309) for 1970 fiscal year together with $8,740 reserve was transferred to General Fund surplus as the result of the Board becoming a General Fund operation in lieu of operating under Special Funds.

Respectfully submitted,

F. S. Balassone
Secretary-Treasurer

PHARMACY CALENDAR

June 5—School of Pharmacy Commencement Exercises.

June 11-13—6th Annual MSHP Hospital Pharmacy Seminar, Ocean City, Md.

September 7-12—31st International Congress of Pharmaceutical Sciences of the FIP, Washington, D.C.

October 10-14—National Association of Retail Druggists Annual Convention, The Rivergate, New Orleans.

October 16-21—National Wholesale Druggists' Association Annual Meeting, Century Plaza Hotel, Los Angeles.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

Roche breaks with traditional sampling

In 1970, Roche Laboratories broke with pharmaceutical industry tradition by being the first company to discontinue mass, unsolicited sampling of professional products. The Roche aim is to ensure the greatest benefit to the patient while meeting the professional needs of the pharmacist and physician. All are served best by proper handling of drugs. Better control of all aspects of drug distribution ensures the highest standards of health care for the patient, physician and community.

This policy reflects Roche interest in the general problems of pharmacy management, as well as the pharmacist-doctor, pharmacist-patient and pharmacist-community relations. There are many of your colleagues at Roche—practical professionals in various management positions—who help make the policies and provide the services that help you meet the challenge of pharmacy today.

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Baltimore Metropolitan Pharmaceutical Association

Meeting of April 22, 1971

Mr. Vincent J. Lozowicki, Staff Assistant for Compliance, Bureau of Narcotics and Dangerous Drugs, was the featured speaker at the April 22 meeting of the Baltimore Metropolitan Pharmaceutical Association held at the Kelly Memorial Building. Mr. Lozowicki explained the Federal Controlled Substances Act of 1970 which went into effect May 1.

Camp Glyndon Project

BMPA President Irvin Kamenetz then introduced Milton Friedman, chairman for the BMPA Camp Glyndon Fund Raising Drive. This recreational facility for diabetic children suffered an estimated $30,000 damage at the hands of vandals in mid-April. The diabetic children pay no fee for their two week stay at the summer camp. Estimated cost of operating the facility is $125,000 per year provided by funds from the Maryland Diabetic Association and private donations. Collection cans and window streamers have been distributed to all community pharmacies. Replacement cans may be obtained by contacting the BMPA office or from Milton Friedman or Charles Spigelmire.

The drive which opened on Monday, April 26 will run for one month. It will be publicized on radio and TV and in the newspapers. It is hoped that the camp may be in use this summer.

Washington County Pharmaceutical Association

The Washington County Pharmaceutical Association met on April 21, 1971. Guest speaker was Dr. William J. Kinnard, Dean of the University of Maryland School of Pharmacy. Dean Kinnard spoke on continuing education programs at the school of pharmacy. Accompanying the Dean was Henry Seidman, Director of Continuing Education.

The first in a series of continuing education programs for the area was held at the Washington County Hospital on May 2, 1971. Twenty three pharmacists from the area attended. Samuel Weisbecker, president of the Washington County Pharmaceutical Association welcomed the group. Speakers included Mr. Henry G. Seidman, Dr. Peter P. Lamy who spoke on Cough and Cold Remedies, Dean William J. Kinnard who spoke on Gastrointestinal Preparations, and Dr. Ralph F. Shangraw who spoke on Dermatological Preparations.

Eastern Shore Pharmaceutical Society

The Spring Meeting of the Eastern Shore Pharmaceutical Society was held on Sunday, May 2 at the Easton Manor Motel, Easton, Maryland. Guest speaker was Charles Tregoe of the Maryland Board of Pharmacy. Mr. Tregoe discussed the Controlled Substances Act of 1970.

A Continuing Education Program on O-T-C products was presented by the University of Maryland School of Pharmacy on Sunday, April 25 at the Easton Manor Motel.

Prince Georges-Montgomery County Pharmaceutical Association

17th Annual Installation of Officers

The Prince Georges-Montgomery County Pharmaceutical Association held their 17th Annual Installation Dinner on Saturday, April 17 at the Burn Brae Dinner-Theatre Club in Burtonsville, Md. Toastmaster for the evening was Edward D. Nussbaum. Past-President Rudolph F. Winternitz received the A.Z.O. Double Star Award for Meritorious Service to Pharmacy. The award was presented by Coleman Levin, Supreme Directorum, Alpha Zeta Omega Pharmaceutical Fraternity.

The new officers of the association are: Honorary President, Samuel Morris; President, Martin Hauer; 1st Vice President, Edward D. Nussbaum; 2nd Vice President, S. Ben Friedman; 3rd Vice President, Gabriel E. Katz; Secretary, Paul Reznek; and Treasurer, Michael Leonard.

Joint Meeting With Montgomery County Medical Association

The Inter-Professional Relations Committee of the Prince Georges-Montgomery County Pharmaceutical Association, chaired by Gerald Dechter, arranged a joint meeting with the Montgomery County Medical Association recently to inform members of both organizations about the new Federal Drug Control Regulations.

Photo by Paramount Photo Service

Martin Hauer, incoming President of the Prince Georges'-Montgomery County Pharmaceutical Association (right) being presented with the President's gavel by Ben Mulitz, Vice President of District Wholesale Drug.

Wm. W. Gullett, Prince Georges County Executive, signing a proclamation for National Pharmacy Week in Prince Georges County. Looking on are Prince Georges-Montgomery County Pharmaceutical Association members Gerald Y. Dechter, Oliver Tibbs and Paul Reznek. A similar proclamation was signed in Montgomery County by Stanley Kramer, County Councilman.

The meeting which was held at the N.I.H. Auditorium in Bethesda, was conducted by Norman Stein, member of the Inter-Professional Relations Committee. Mr. Vincent J. Lozowicki of the Bureau of Narcotics and Dangerous Drugs was the speaker. He explained the new regulations and later answered questions from the floor. Sharing the podium were Dr. Robert Angle, President of the Montgomery County Medical Association and Rudolph F. Winternitz, President of the Prince-Georges-Montgomery County Pharmaceutical Association.

Women Physicians

There are 21,404 women physicians in the United States out of a total of 306,907. This figure represents 6.7% of the total as compared to Russia's 75%. By the end of this decade, it is expected that women will comprise 15% of the physicians in the United States. In West Germany today, 35.8% of new doctor graduates are female. However in Spain the percentage of female physicians is lower than that of the United States.

DID YOU HIRE A NEW PHARMACIST LATELY? . . . OPEN A NEW BRANCH? . . . GET ELECTED TO OFFICE IN YOUR SERVICE CLUB OR SOCIAL ORGANIZATION? . . . BECOME ASSOCIATED WITH ANOTHER PHARMACY?

WE WOULD LIKE TO KNOW—AND SO WOULD OUR READERS. WHY NOT DROP US A LINE AT THE MPhA OFFICE TODAY.

Medical Care Study Shows Unexpected Results

A recent mailing to all prescribers in Maryland outlines the results of a study done by the Division of Medical Services on "Cost Analysis and General Prescribing Patterns in Maryland." A survey was performed on 10,628 prescriptions. (The State handles approximately 10,000 prescriptions on an average day.) Only four drugs were considered for the survey. The drugs selected were Penicillin G Buffered Tablets, 400,000 Units; Tetracycline Capsules 250 mg.; Chloral Hydrate Capsules 500 mg.; and Prednisone Tablets 5 mg. An "inexpensive brand" category was established based upon prices considered reasonable for generic products as follows:

The following prices are per 100 tablets:

(1) $5.00 or less for Tetracycline 250 mg.
(2) $3.50 or less for Penicillin G 400,000 U.
(3) $2.50 or less for Prednisone 5 mg.
(4) $2.00 or less for Chloral Hydrate 500 mg.

There were 266 prescriptions (2.50%) of the 10,628 prescriptions surveyed which could be included in the study. Of the 266, 236 were written in generic terminology or for an inexpensive brand as outlined above (generic 206, inexpensive brand 30). The preceding figures show that 89% of all prescriptions analyzed were written generically or for inexpensive brands by physicians practicing throughout the State.

After applying identical analytical techniques to pharmaceutical compliance patterns it was found that pharmacists filled 234 or 88% of the prescriptions analyzed at relatively low State expense as determined by the criteria for inexpensive brand.

One unexpected result of this survey was the discovery of a disparity between the number of prescriptions written for expensive brand drugs, but whose cost was included in the inexpensive brand category. This appears to have been due to lower costs being passed on to the State by hospital pharmacies due to their high volume purchases.

Costs for drugs under the Maryland Medical Care Program for the year ended June 30, 1969 were $5,843,000. For the year ended June 30, 1970 this cost was $9,408,000.

Shoplifting Detection Guide

One of the nation's fastest rising crimes—shoplifting—is the subject for a new educational guide specifically designed for the retail businessman.

The Shoplifting Detection Guide, fully illustrated, contains the latest recommendations to expose shoplifters and avoid shoplifting losses. This guide may be imprinted with the business' name at the top of each guide. A multiple choice quiz comes with each guide for distribution to the business' employees. The employee would study the guide and return the completed quiz to his department head or immediate supervisor.

This new guide is available at quantity prices with or without imprinting or at $1.95 each through Guardian Publications. 915 N.E. 125th Street, North Miami, Florida 33161.

The Student and the University
The Need for Responsibility

William J. Kinnard, Jr., Ph.D.
Dean, University of Maryland, School of Pharmacy

Reprinted from the *Bi-County Pharmacist*

While each succeeding generation of students down through the ages has been influenced by major political, sociological, or technological factors, it would seem that the most recent generation has assimilated these factors and developed a philosophy of life that has been unanticipated by their elders.

The average student of today comes from a different background than his parents. Most have had less religious training, many have been raised in the Spockian manner (permissiveness), and they certainly have a stronger high school education. They are children of television; learning more vocabulary from TV than from their parents and spending more time before the set than in school attendance.

Many sociologists feel that these students have been manipulated by society and by their companions — a product of the constant competition in their lives, from the nursery school through college — competing to be the best in their class, competing to get the best grades, competing to be accepted into college, etc. According to Dr. Bruno Bettelheim, a noted social scientist, this has caused a loneliness in a vast group of students—isolated by their competition.

When one analyzes the makeup of a student body composed of this new breed, a number of types of students can be delineated:

1. The "typical" student-student—In this the largest group, the student is primarily in school to obtain the education offered by the various course sequences in the University. He or she is usually goal oriented and outside social and political problems rarely cause this student to be sidetracked from that goal.

2. The "concerned" student—The use of the word, concerned, doesn't necessarily emphasize that these students are actually more concerned about socio-political problems than the previous group, but is used simply to note that they show significant outward signs of this concern through their participation in various types of demonstrations. Their career goal is interspersed with a desire to correct the faults of our society. Leadership in this group is not well structured and quite often they will follow a certain pathway when urged by available leaders, whoever they might be. These students are not violent by nature.

3. The activist student—These students are extremely active in attempting to change the establishment, partially or totally. There are those in this group who are constructively working to correct obvious faults. There are others that are working only to cause the collapse of our society's structure, at any cost. In this latter group we see many subgroups: the vocal leader, one who ignites a crowd and then disappears when physical action results; the destructive element, that uses acts of violence to destroy the status quo. Some of these radicals have now gone underground to surface only when disruption is to occur. Some, according to one author, have remained emotionally fixated at the age of the temper tantrum.

The campus thus presents a mosaic of student-types that display varying degrees of activism toward intra- and extra-school problems. From this collage has erupted demonstrations on:

The war in Indo-China,
The tenure system,
The grading system,
The killing of students at Kent and Jackson State,
The draft,
ROTC on campus,
The trials of the Black Panthers,
The low wages of maintenance workers on campus, and
The polluted environment.

These causes, sometimes different, sometimes related, blend into a series of demonstrations whose causative reasons often tend to be blurred in the minds of those observing from outside their ranks.

What about the university during this student evolution and revolution? It has generally remained unshaken in its traditional concepts of its role in the educational process, perhaps attempting a test of the theoretical physics problem of the immovable object meeting the irresistable force.

The university is called a community of scholars; one that is hopefully free from political influence through a set of controls developed over the years involving boards of regents at State universities, the tenure system, etc. It has rapidly enlarged in the last twenty years as it absorbed ever increasing numbers of students and in doing so quite often has not sufficiently altered some of its policies to meet this physical onslaught of student numbers, as well as the mental onslaught caused by the often unexpected demands of these students.

Let's look at some of the problems pinpointed by student demands.

1. The ability of the college teacher—Often in the first years of college students only see graduate assistants or professors who are buffered from the individual student by the vast number of his classmates. The professor, who by virtue of his Ph.D., has been apparently divinely appointed to the role of teacher; since he has usually had no training in educational techniques. Quite often his teaching skills are completely inadequate. In the sciences and professions, the Ph.D. may even teach grudingly since it takes him away from his research. These need to be corrected by improving teaching methods, attracting better teachers, bringing educational techniques specialists into our schools, and by utilizing new audio visual techniques.

The tenure system for teachers was designed to ensure that an individual would be free from outside pressures, political and otherwise, so that he might teach with a fair degree of academic freedom. This system does have its faults since it can follow the perpetuation of a bad teacher until his retirement, a disadvantage probably

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outweighed by the need for academic freedom. The selection of those teachers granted tenure, however, is very important for the forementioned reason. In drawing up the guidelines for the granting of tenure, one must define what a teacher should be. Is he one who is well liked by his class and relates to today's problems? Can he be that and nothing more? I think not! For while he is effective today, he must be expanding his knowledge through research to prepare himself for a time 10-20 years from now when again he must pass the test of practicality and relevance.

2. Grading systems—Pass or fail and other systems are being suggested by the students involved in this spring's crisis. But what about next year, do we have another crisis and a cry of the pass or fail system again? Our present method of evaluation is not satisfactory and we do need to re-examine our academic programs and see how we can best evaluate student progress. But to move to a pass-fail system totally is moving toward the homogenization of our student talent. This is a disastrous shift away from the search for excellence. You might recognize this as occurring in many areas of our society. Even the new work in health care is producing a system that will reduce the excellence of health care available to some of our society in order to develop the broad based structure of health care that is needed to cover all of our people.

3. Student participation in policy determination in the university—The University has been remiss in not listening to the voice of the student, but the degree of involvement is debatable. As an example, the State of New York opened a new university at Old Westbury, L. I. four years ago. It was set up to be a program in partnership with the student body. A recent analysis of the effectiveness of this concept has led to serious doubts as to the practicality of this concept. As an example, the original students on the committee for building design are gone and the new students are demanding that the original plans be junked and redesigned along their thinking. Students must have an input into policy making, but on most committees their voice can't be a majority or equal one to the faculty and administration. The university must go on, long after the departure of any student no matter how gifted he or she is.

What does the University need to do to help correct the present situation?

The university must maintain a firm, yet reasonable, guidance of the students, it cannot yield to immature requests because this will simply lead to additional demands. The university must find ways to educate these students who have a different definition of self. Part of this can be accomplished through better teaching methods, by the recognition by a teacher that he should be just that. The students should be allowed to speak about university policy and learn the ways in which it is determined. Education must also find a way to break the vicious circle of competition in which students are thrust, perhaps a change in the grading system could be a way that the intense competition would be partially relieved.

What must the students do? The large group of students that are in the student-student category must be activated, perhaps even radicalized. They must become more aware of problems and seek ways to solve them. In doing so they must provide constructive leadership to other students as a more logical alternate to anarchistic leadership and rebellion.

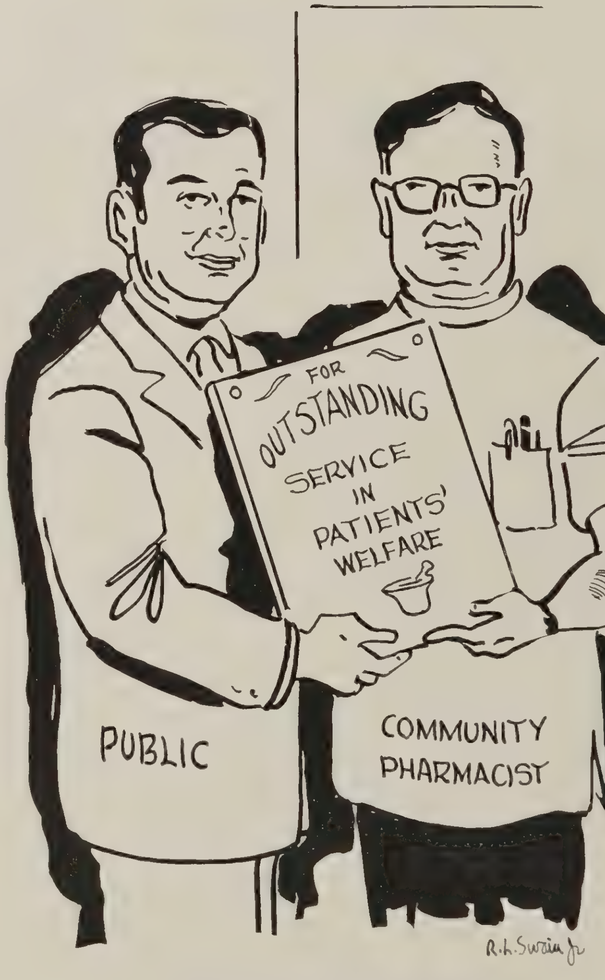
In conclusion, I would like to quote from an editorial in the Diamondback, the University of Maryland student newspaper, ". . . the institution called a university is the best friend students have in society. Nowhere else is idealism the counterpart of reality. Nowhere else may an individual speak, dissent, and argue to any point as freely as within the university. To destroy the very structure upon which these freedoms are built is suicidal and ultimately destructive to all of society."

This quotation needs to serve as a basic fact around which the student body, faculty, and administration can build a more responsive and responsible university.

NABP Holds School For Drug Law Officers

The National Association of Boards of Pharmacy held its Fifth School for Drug Law Officers in Washington, D.C. May 16-20. The School was made possible through a grant from the National Pharmaceutical Council.

Over 40 drug law officers, including Board of Pharmacy inspectors, secretaries, etc. attended the five-day session.



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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists April Meeting

The April 8 meeting was held at the H. B. Gilpin Co. in Baltimore. Earl Maseth, FDA Consultant to the Bureau of Drugs, Division of Industry Services, presented a slide-talk entitled "What is your QA on Sterile Disposable Medical Devices"? Mr. Maseth pointed out that as consumer demands for better sterile packaging increase, so must the manufacturer's controls increase in order to keep the Quality Assurance Quotient (Q.A. Quotient) constant.

Robert Snyder announced that a copy of the "Suggested Guidelines and Principles for Pharmaceutical Services in Hospitals" and the Pharmacy-Nursing Liaison Committee statement on drug dispensing and administration would be mailed out soon to all members. The Guidelines will also be mailed out to the Administrator of each hospital in Maryland.

The Professional Practices Committee of the Maryland Hospital Association will meet on April 20 and Henry Derewicz, our representative to this committee, will discuss, among other topics, implementation of the Guidelines, development of supportive personnel, and pharmacist consultation in the design of new health facilities.

Robert Snyder, Mary Connelly, and Tom Patrick, who were our three delegates to the Annual Convention of the ASHP in San Francisco, reported on that meeting. Nominated for President-Elect of the ASHP are Wendell Hill and William Hotaling. R. David Anderson was installed as President.

Clarence Fortner reported on the Annual Seminar scheduled for June 11, 12, and 13. Dr. Peter Lamy, Program Chairman for the Seminar, reviewed the list of speakers and topics. Howard Sherman reported on the membership committee. Eighty-five non-member hospital pharmacists received a follow-up mailing from last year's membership survey.

June Shaw announced that she was completing details on the May 13 combined Maryland-D.C. meeting. Robert Snyder announced that he and Dr. Ralph Shangraw had participated in Careers Day at the Community College of Baltimore on April 7. A display was arranged and brochures were available to the 11th grade students.

The following were accepted for membership: J. Edmond Stickell, Eaton Laboratories; Darlene F. McMahon, Student-Class of '71; James TerBorg, Student-Class of '71; and Marina J. Young, Student-Class of 71.

President Snyder thanked the speaker, Earl Maseth and thanked the Henry B. Gilpin Company for sponsoring the meeting. The meeting adjourned at 10:00 P.M.

SKIN TESTS

by Normand A. Pelissier

Skin tests are most useful in allergies caused by contactants and inhalants, but are becoming increasingly important in diagnosing and in regulating treatment of various systemic diseases; e.g. systemic fungus infections. The wheal and flare are characteristic positive responses, appearing within 5 to 15 minutes in specific allergic disorders. The tuberculin type of response develops slowly over a period of 24 to 72 hours.

(1) SCRATCH TESTS are performed in rows on the patient's back or forearm. The scratches should be about 1 cm. long and 2.5 cm. apart. The skin surface should be torn rather than cut, without drawing blood. An allergen then should be applied to each scratch.

(2) For INTRADERMAL TESTS, a tuberculin syringe is fitted with a short-bevel 26 or 27 guage needle. A separate syringe and needle must be used for each test substance. Not more than 0.02 ml. should be injected.

(3) INDIRECT SKIN TESTING (PASSIVE TRANSFER) may be done when direct skin testing is not feasible (as in dermographism, ichthyosis, eczema). Blood (5 to 10 ml.) is drawn from the patient and centrifuged. Using the 7th cervical vertebra as a landmark, the back of a nonallergic adult is marked off in checkerboard fashion and 0.1 ml. of the allergic patient's plasma introduced at each test site. These sensitized areas may be skin-tested with the suspected allergens 2 to 4 days later, the contralateral side of the back being used as a control.

(4) For PATCH TESTS, the suspected material is placed on a paper, gauze, or linen patch, applied to the skin by means of adhesive or cellophane tape and allowed to remain in place for 24 to 48 hours unless the patch unduly irritates the skin, in which case it must be removed at once. Commercial patches may be used, but in any event the material is kept in a closed covered system up to 48 hours to promote penetration and to allow time for the delayed reaction to develop. The area must not be bathed. A great number of variations of techniques have been proposed but none achieve total uniformity or standardization. For example, reactions in summer regularly exceed those of winter.

Examples of Commonly Used Skin Tests

BLASTOMYCIN
For diagnosis of blastomycosis

BRUCELLERGEN
For diagnosis of brucellosis

COCCIDIOIDIN
For diagnosis of coccidioidomycosis

DICK TEST
For susceptibility or immunity to scarlet fever

FREI ANTIGEN
Test for lymphogranuloma venereum

HISTAMINE CUTANEOUS TEST
For nonfunctioning sensory nerves of the skin

MANTOUX TEST
(old tuberculin, human)
For diagnosis of tuberculosis

MUMPS SKIN TEST ANTIGEN
Test for hypersensitivity to mumps vaccine

SCHICK TEST
Test for immunity to diphtheria

TOXOPLASMIN
For diagnosis of toxoplasmosis

TUBERCULIN TINE TEST
For diagnosis of tuberculosis

TUBERCULIN, PPD
(1st, intermediate & 2nd strengths)
For diagnosis of tuberculosis

TRICHINELLA EXTRACT
Aid in diagnosis of trichinosis

Ref: Shelley, Walter B. "The Patch Test" JAMA 200:170 (June 5), 1967
The Merck Mannual, 11th Ed. MSD Laboratories, Rahway, N.J., 1966

MSHP Announces Election Results

Recently elected to office in the Maryland Society of Hospital Pharmacists are the following: President-Elect-Normand A. Pelissier, Secretary-Dolores A. Ichniowski, Treasurer-Thomas E. Patrick, Board of Directors-Samuel Lichter and June H. Shaw. Sydney L. Burgee, Jr. continues to serve as a member of the Board.

Incoming President Mary W. Connelly and all other officers will be installed at the Society's Sixth Annual Hospital Pharmacy Seminar in Ocean City, Md. June 11, 12, and 13, 1971.

Tolfnaftate (Tinactin) Preparations Change Status April 1

Preparations of tolnaftate (Tinactin) will become exempt from prescription order only status effective April 1. Pharmacists are cautioned, however, that even after April 1 it would be a violation of the Food, Drug, and Cosmetic Act to dispense on an OTC basis any tolnaftate preparations which bear the "prescription-order-only" legend on their package labeling—since adequate directions for use and certain warnings would not be present on the "prescription-order" labeled stock.

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Dangers in the Misuse of Drugs

By David A. Blake, Ph.D.
Associate Professor of Pharmacology
University of Maryland
School of Pharmacy

Presented at Community-University Day, August 2, 1970, University of Maryland, College Park, Md.

The drug problem with youth today is at least partially the result of their exposure to adults who have perpetuated the idea that the stresses of daily life require chemical relief.

Unfortunately, drugs are potential poisons. They possess the capacity to cause serious and sometimes fatal damage, although deaths caused by properly used drugs are rare.

Some of the toxic effects of drugs are grouped into dose-related effects. The greater the dose, the greater the effect. Too much anesthetic may prevent a patient from waking up; an overdose of morphine or heroin may stop breathing. Such dose-related deaths can usually be avoided if the correct amount of active ingredient is measured in the tablet or capsule (incorrectly referred to as "pills") and proper dosage given.

Pharmacists and the drug industry usually produce drugs that have the proper potency. Mistakes are rare due to an extensive training of personnel, high standards and quality control procedures.

The problem that sometimes arises is that not all people require the same dose of a drug to cause the desired effect without producing dose-related toxicity. Humans are not like light bulbs that require precisely 120 volts to operate properly. The proper dose of most drugs for each individual varies widely among the population and also changes in the same individual. Consequently, when a person takes the "proper dose," it may be too little or too much for him because the dose was the "proper average." If the dose were too much in the case of digitalis, the heart might flutter and stop. Too much anticoagulant would cause serious internal bleeding. Certain drugs are legally available only with a prescription from an authorized prescriber because of this dosage problem.

This does not mean that drugs available without a prescription (over-the-counter or OTC drugs) are not dangerous. It does mean that there is less risk with these drugs. However, OTC drugs can produce serious toxicity if used improperly. For example, aspirin can cause ulceration of the gastrointestinal tract especially in persons prone to peptic ulcer. Many cold remedies contain drugs capable of causing very high blood pressure, especially in persons with hypertension. It is apparent that the person who chooses to self-medicate with OTC drugs should seek the advice of a physician or pharmacist, or at least take care to read the label and precautions before using the drug.

Another hazard of self-medication stems from the fact that many drugs can change the action of other drugs. For instance, aspirin can cause serious internal bleeding in the patient who is taking anticoagulants. Some nasal decongestants can interfere with the action of insulin in diabetics.

Drugs can also affect diagnostic tests and then prevent physicians from correctly diagnosing a patient's condition. For example, certain cough syrups can react with the thyroid tests so that a person would appear to have an overactive thyroid gland. Many drugs can change the blood sugar concentration to mistakenly suggest a diabetic condition.

Drug users can avoid these problems by adhering to the following "do's and don'ts."

- Always take prescribed drugs according to the directions and always finish the prescription unless directed to the contrary. Many persons erroneously assume they can stop taking antibiotics when they feel better and usually suffer a relapse.

- Never take someone else's prescription nor offer yours to another person. Both the drug and the dosage were selected for you based on many factors which you might not recognize.

- Consult a physician or pharmacist before self-medication, regardless of how trivial you consider the problem. Even drugs as innocuous as the antacids can cause problems.

- Tell the physician or pharmacist your symptoms and what other drugs you are taking.

- Promptly report any side effects you were not warned about. Most serious drug reactions are preceded by tell-tale symptoms warning you to stop taking the drug or take another one to counteract the effects.

- Ask your pharmacist if he keeps a personal or family record of your drugs. If he does not, try to find one that does. This is the only way to learn of incorrect combinations if you have more than one physician.

- If you have any questions regarding the medication or its effects, don't hesitate to question the physician or pharmacist. Many times your query will alert them to mistakes. They are human and also busy.

- Don't try to get more refills than your prescription designates. For many drugs the law limits the number of refills to 6; otherwise, the prescriber must be consulted to insure that your situation is still being checked and that the drug will be discontinued when no longer necessary.

- Keep the phone number of your local Poison Control Center handy in case of an emergency involving ingestion or contamination with drugs or household products.

- Since many ingestions of drug overdoses and other poisons are first treated by inducing vomiting, keep a one ounce bottle of Syrup of Ipecac in your home in a safe place. This can be obtained without a prescription from a pharmacist. The poison control office can instruct you when and how to use this drug.

- Finally, teach your children the proper respect for drugs. Don't tell them that aspirin is candy when they are infants and then expect them to change their attitudes when they are older.

These suggestions, however, still do not insure drug safety. As foreign chemicals to the body, drugs can become antigens and cause various allergic reactions from skin rash to fatal liver damage. There is no way to predict in advance who will become sensitized to a particular drug, although persons who have asthma or other allergies are more prone to drug allergies. Exposure to just the dust of penicillin tablets has caused reactions in allergic individuals. Drug allergy is a non-dose related effect.

Other non-dose related effects of drugs include birth defects, cancer, and genetic mutations. One may wonder why these effects are not seen during animal testing and why they can not be recognized after they are used in humans. Thalidomide does not produce birth defects in most animal species, but the human is exquisitely sensitive. It took four years to recognize this drug as the cause of 7000 grotesquely malformed babies in Europe.

There are drugs such as aspirin and antihistamines that produce birth defects in animals. These drugs may not, however, produce the same horrible action in humans. The question cannot be answered except by speculation, since it would be unethical to test these drugs on pregnant women. It is probably, however, that some of the many pregnancies that end in miscarriage or birth defect are the result of drug exposure during pregnancy. The safest practice is for women of child-bearing potential to abstain from drugs unless they are absolutely necessary. Birth defects are produced during the first and second month of pregnancy.

Cancer is still an enigma in medical science. Many causes have been suggested but few proven. Certain drugs or closely related chemicals can produce cancer in animals. At least one expert has stated that anything given at a high enough dose over a long enough period of time can produce cancer. Cigarettes are a good example of this fact, yet it took billions of smoker-years to establish the relationship scientifically. Certainly this unknown aspect of oral contraceptives is one of the reasons for the recent concern of indiscriminant and prolonged use of them.

Mutations, which are produced by alterations of the chromosomes—those tiny DNA fragments that carry all of the information necessary for proper growth, function and reproduction—have been caused by some drugs under experimental conditions. Most of the anti-cancer drugs produce chromosomal changes but this is to be expected. Surprisingly, caffeine and even certain tranquilizers have been found to cause alterations of chromosomes.

Actually the main reason for the removal of cyclamate from soft drinks was that a breakdown product had been shown to cause mutagenic effects, not because it had been shown to cause bladder cancer in rats. The latter effect was cited as the reason, because of a law specifying that food additives cannot cause cancer in animals. There is no law concerning the mutagenic potential of drugs.

The non-dose related toxic effects of drugs shows that every drug ingestion is associated with some risk regardless of the drug, the patient, or the circumstances. The question, "Do the expected benefits outweigh the potential harm?", must be answered by the physician, prior to writing a prescription, or a drug user, prior to self-medicating.

The increased use of drugs among the youth introduce other hazards. Most heroin addicts die of liver disease, infections caused by unsterile injections, or of an overdose. Many "speed mainliners" experience temporary or permanent insanity. Kids that use "downs" have died of overdoses (o.d.'s), especially if they were drinking.

Some "acid heads" go on bad trips they wish they had never taken. And there are numerous reports of kids who sniffed too much model airplane glue and were asphixiated. Presumably these people don't practice rational drug use or they would have decided that the potential for harm exceeded their whimsical and somewhat naive quest for a high, trip or whatever other psychoactive experience they sought.

Although its toxic capabilities are still being studied, marijuana represents a most disturbing and increasing practice of society—that of self-medication with tranquilizing and mood altering drugs. Alcohol and nicotine fall into the same category but neither produce the hallucinations and aberrent behavior that can be caused by marijuana and the more potent form of Cannabis known as hashish.

Medical science knows little of addiction or drug dependence except that many drugs that have desirable effects on the brain will eventually cause a craving and compulsion to continued use. Unfortunately the desire stays after the drugs are gone. Neither the possibility of dependence after prolonged use of marijuana nor its comparison to alcohol matters as much as why members of society resort to this cerebral masturbation.

Society with all its problems cannot be blamed. Instead, drug abusers need to ask themselves what human good is served by this self-excision. In times past, people resorted to religion, family, or nature for relief from anxiety. While these "outs" may seem "square" and "straight" today, they don't produce physical toxicity. In fact, dependence on them can be satisfying and rewarding.

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Measles—Mumps—Rubella Combination Vaccine Approved

A new, three-in-one vaccine against measles, mumps and rubella has been approved for marketing in the U.S. by the National Institutes of Health. Merck Sharp & Dohme, Division of Merck & Co., Inc., said supplies of its new combination vaccine, which has the trademark 'M-M-R', are expected to be available for use by physicians this June.

Simultaneous with the action on the three-in-one vaccine was the licensing by the N.I.H. of a double vaccine for use against measles and rubella, also issued to MSD. The company said plans are now being made for marketing the new double vaccine.

Licensing of the vaccines, which comes after more than three years of laboratory and clinical testing, has just been announced by the U.S. Department of Health, Education and Welfare. Federal regulations for the vaccines were established by the Division of Biologics Standards in N.I.H.

The vaccines come at a time when the nation has nearly reached the halfway mark in its goal to immunize 48 million youngsters against rubella, and also when health authorities are warning against the rising incidence of regular measles.

The combination vaccines prompt essentially the same antibody levels as each vaccine administered separately. The single vaccines induced almost 98 percent antibody response for measles, 96 percent or more for mumps and 96 percent for rubella. In clinical trials, reactions to the triple and double vaccines, including fever, have not occurred more frequently than with the single vaccines given alone.

MSD said the triple vaccine is designed to protect children against measles, mumps and rubella with a single injection in order to make vaccination more convenient for parents and physicians and to spare children the discomfort of two additional injections.

The combined vaccines were developed by Drs. Maurice R. Hilleman and Eugene B. Buynak and their associates at the Merck Sharp & Dohme Research Laboratories. This same group also developed the world's first separate measles, mumps and rubella live virus vaccines.

In August, 1970, the NIH Division of Biologics Standards licensed the company to manufacture a double vaccine against rubella and mumps, which has been available to physicians since that time.

Measles, mumps and rubella are acute contagious diseases caused by different viruses that are usually spread by young children. Although measles is usually a harmless disease, it can be a serious health problem. In the past, it has accounted for several hundred deaths in children each year, as well as thousands of cases of encephalitis, which sometimes caused permanent brain damage in those afflicted.

Mumps, like measles, is usually regarded as one of the minor illnesses of childhood, and, for mumps, this is generally true. But in some children and many adult males, the clinical course of the viral infection may be quite painful and distressing. On relatively rare occasions, complications may include impairment of the brain, the ears, the eyes, the heart and the reproductive organs.

Rubella is generally a mild disease in children, but the virus may cause birth defects when it strikes pregnant women. As a result, public health officials have stressed the need for widespread immunization of children as a means of reducing the number of potential carriers of the disease thus avoiding the exposure of pregnant women to the virus.

The last major outbreak of rubella occurred in the U.S. in 1964-65 and left in its wake some 30,000 fetal deaths and 20,000 children born with birth defects.

In connection with plans for marketing of the three-in-one vaccine in June, the company pointed out that this vaccine is indicated for use in children between the age of one and puberty, and that it probably fits best in the routine immunization program for well babies starting at twelve months. This is the age previously recommended for the administration of live measles virus vaccine alone.

As with rubella vaccine alone, the triple vaccine is contraindicated for use in pregnant women or in women who may become pregnant within three months after vaccination. The company's directions note that because the vaccine contains live rubella virus, it should not be used for routine immunization of adolescent and adult women. The vaccine is contraindicated in persons in whom any of the component vaccines are contraindicated. There are no known contraindications unique to the triple vaccine.

Parke, Davis Mails "Dimpled" Capsules

Pharmacists all across the country are receiving free "dimpled" gelatin capsules from Parke, Davis & Company. The empty capsules, trademarked "Pre-Fit," are being distributed to the company's customers at no additional cost.

The main characteristic of the capsules—two slight indentations or "dimples" in the cap—are designed to prevent premature separation during shipment of handling. According to Romeo B. Franceschini, director of Parke, Davis' industrial products division, the "Pre-Fit" capsules will eventually replace the company's present gelatin capsules.

Retirement Sometimes Premature

People who are young for their years should not be retired at age 65, Dr. Irving S. Wright, an expert in arterial diseases, strongly advises. Routine involuntary retirement represents great loss to companies that have spent years and large sums of money in training a man.

Dr. Wright describes "a biologically young person" as one who "still has the ability to conceive, initiate, adopt, activate, and operate new ideas, including those of others, no matter how radically new they may be."

Physically, the physician describes him as standing straight, and moving quickly. "His face is full of life, he speaks well and interestingly, and he is still an able administrator who is much liked by the people in his department."

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Grace Period Established For BNDD Registration

Notice Received From

UNITED STATES DEPARTMENT OF JUSTICE,
Bureau of Narcotics and Dangerous Drugs,
Washington, D.C. 20537.

Because of unexpected problems in registering by May 1, 1971, previously unregistered practitioners, individual practitioners, institutional practitioners, importers and exporters including import and export brokers, the Bureau of Narcotics and Dangerous Drugs has found it necessary to allow a grace period on the requirement of a BNDD registration number by the above-mentioned individuals and institutions until our Registration Branch is able to catch up with the backlog of new applications. Individual practitioners would include, but not be limited to, physicians, psychiatrists, podiatrists, osteopaths, naturopaths, dentists, veterinarians and researchers who are attempting to obtain personal research registrations. Institutional practitioners would include, but would not be limited to, hospitals, nursing homes, pharmacies, public and private laboratories, public and private university research projects, and industry research operations.

Under this policy pharmacists may continue to fill practitioner's prescriptions without a registration number providing that:

> (1) They have exercised their best professional judgement to ensure that the practitioner is authorized to practice in the particular State, and; (2) all such prescriptions contain the following statement: "Federal registration applied for on (Date)," Current dealings with the applicant practitioner would be indicative of his present qualifications.

Manufacturers and distributors may sell schedule III through V controlled substances to practitioners without registration numbers providing that they satisfy themselves:

> (1) of the authenticity of the purchaser, and; (2) that this individual or institution normally would have been authorized to purchase such substances under the Controlled Substances Act had time permitted processing of their application. The following statement must be placed on all such orders: "Federal registration applied for on (Date) ." Here also, current dealings with the applicant practitioner would be indicative of his present qualifications.

The industry and the professions are expected to exercise caution and good judgement when supplying controlled substances or filling controlled substance prescriptions of a non-registered individual. If there is any doubt, they should contact BNDD Regional Offices *before* filling controlled substance prescriptions or orders. (31 Hopkins Place, Room 955, Baltimore, Md. 21201 Tel. 962-2224)

All intern and resident physicians authorized by State law to make an independent judgement as to whether a controlled substance prescription is warranted in a particular case involving out-patients or patients leaving the hospital, may do so using the hospital BNDD registration number until they become registered personally. However, such interns and residents must apply for Federal registration immediately.

This policy will terminate no later than 90 days from May 1, 1971, unless specifically extended. Intern and resident use of the hospital's registration number terminates upon their personal registration or completion of their training period, or after the expiration of 90 days from May 1, 1971, whichever comes first.

For further clarification contact your nearest BNDD office.

Sincerely,
John Finlator
Acting Director

Cancer Immunization Theory

A renewed interest in the theory that cancer is caused by a virus and can be brought under control by immunization has emerged from the laboratory findings of one of the nation's foremost cancer research specialists at the Bronx Veterans Administration Hospital.

Dr. Ludwik Gross, senior medical investigator and chief of the cancer research unit at the Bronx VA Hospital, has reported significant results in the immunization of guinea pigs against leukemia.

The results of his laboratory experiments are currently featured in the Swiss scientific journal *Acta Haematologica* and demonstrates that transmitted small strains of leukemia implanted in guinea pigs appear to result in successful immunization.

Dr. Gross's experiments began by demonstrating that leukemia can be transmitted to healthy guinea pigs.

"All inoculated animals," he said, "develop leukemia and die from the spread of this disease."

Dr. Gross observed, however, that when small doses of leukemia cell extracts are inoculated superficially into the upper layer of the skin, small intracutaneous leukemic cell infiltrates develop at the site of the inoculation and that these resulting tumors in certain animals "regress spontaneously without a trace."

In experiments carried out recently in his laboratory, Dr. Gross reported that 42 per cent of guinea pigs inoculated intracutaneously with small doses of leukemic cells recovered spontaneously from intradermal leukemic tumors. The great majority of animals that recovered from intracutaneous tumors were found to be solidly immune to reinjection of heavy doses of leukemic cells.

These laboratory observations, Dr. Gross was careful to stipulate, have no application at present to either the prevention or treatment of leukemia in man.

The Paris newspaper *France-Soir*, in commenting on Dr. Gross's experiments, stated, however, that his findings in guinea pigs were of fundamental importance since it demonstrated for the first time that active, specific immunity against leukemia can be obtained in laboratory animals.

Although an ultimate development of a preventive leukemic vaccine in man may be still far off, Dr. Gross's observations open an encouraging and hopeful possibility in the fight against the dreaded and mysterious disease.

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Joseph L. Garde

Joseph L. Garde, President of West Wholesale Drug Company and Spectro Industries, Inc., will be honored at the Sixty Third Annual Convention of the Drug Salesmen's Association of Pennsylvania on Friday, June 11, 1971 at the Westover Gulf Club in Norristown, Pennsylvania.

Mr. Garde was presented the Tower of David award in 1969 and in 1970 he received an award from the United Jewish Appeal while also being named "Man of the Year" by the New York Division of Pharmaceutical Trade.

SALMONELLOSIS

Salmonellosis is an acute infectious disease with a sudden onset of abdominal pain, diarrhea and frequent vomiting which may last several days. Fever is nearly always present. It can be spread by contaminated food, or by person to person contact. The most likely sources of food infection are poultry, eggs, egg products, salads, meat, meat products, powdered milk and the feces of infected persons or animals. Large outbreaks in nursing homes or other institutions are usually due to contamination of food during processing in the institution itself. Although usually mild in healthy adults, the effects of Salmonella infection may be severe at any age, and death may result in the older and younger victims.

Although the outbreak at Gould Convalesarium began Monday, July 27, 1970, it did not come to the attention of the Baltimore City Health Department until Friday, July 31, 1970. For this reason, tracing the disease with any certainty by food epidemiologists of the City Health Department was difficult.

To prevent a recurrence of such Salmonellosis incidents in the future, a telegram has been dispatched to all institutions stressing the importance of reporting all future communicable disease outbreaks to the Baltimore City Health Department within 24 hours as required by law and pamphlets and other information on Salmonellosis have also been sent. In addition a letter will be sent regularly each year to all Baltimore institutions which will remind them of the communicable disease reporting law. Other regular mailings will also remind institution personnel that to prevent Salmonellosis, eggs and poultry must be cooked sufficiently, work surfaces where chicken has been cut up must be thoroughly disinfected between each use and that food handlers must wash their hands before handling food and particularly after visiting the bathroom. It is also required that food handlers, if they feel sick, should avoid all hand contact with food and should not work.

Computer Tells Nature of Lethal Drugs, Helps Doctors Decide Correct Treatment

During the past 15 months 45 patients who have entered Suburban Hospital in Bethesda suffering from potentially lethal doses of barbiturates or other drugs have survived because a computer determined the nature of the drugs. Because of this the physician was able to administer the correct treatment.

When a patient takes a sufficient amount of drugs that may kill, the emergency room physician must act swiftly. He must try to reduce the concentration of the drug in the body in order to save the patient's life and also to prevent irreversible damage to the brain or other vital organs. But frequently the patient is unconscious and there may be no indication of the drug imbibed, and the amount.

Recently the NIH National Heart and Lung Institute reported a technique that, usually within an hour, can determine which drug or drugs the patient has ingested, and approximately how much he took. This system may also help to determine whether the drug is still mainly in the patient's stomach or in his bloodstream.

Their method uses gas chromatography plus mass spectrometry to analyze a sample of the patient's stomach contents and/or blood. The gas chromatograph rapidly separates drugs from one another and also from normal components of biological fluids. As the pure compounds emerge, one by one, from the column of the gas chromatograph, they enter the second part of the instrument; the mass spectrometer. Here the compounds are bombarded by electrons to produce a complex signal, called the mass spectrum, that provides a very precise "fingerprint" of the drug in question.

The NHLI scientists have collected the mass spectra of 80 of the most toxic common drugs and stored them in a computer. The mass spectrum of the unknown drug is read by the computer which then searches through this list to find a drug with the same spectrum or fingerprint. The result is that, within about one hour, the physician is told what he needs to know about the drug taken by his patient. Now he can begin treatment to remove the drug from the patient's system.

The identity of the drug determines the treatment. In some cases, the use of an artificial kidney may be necessary. In other cases, dialysis of the peritioneal sac or intestinal wall may be the treatment. With some drugs, however, such serious surgical procedures are either unnecessary or ineffective and the patient must rely upon his own system for detoxification.

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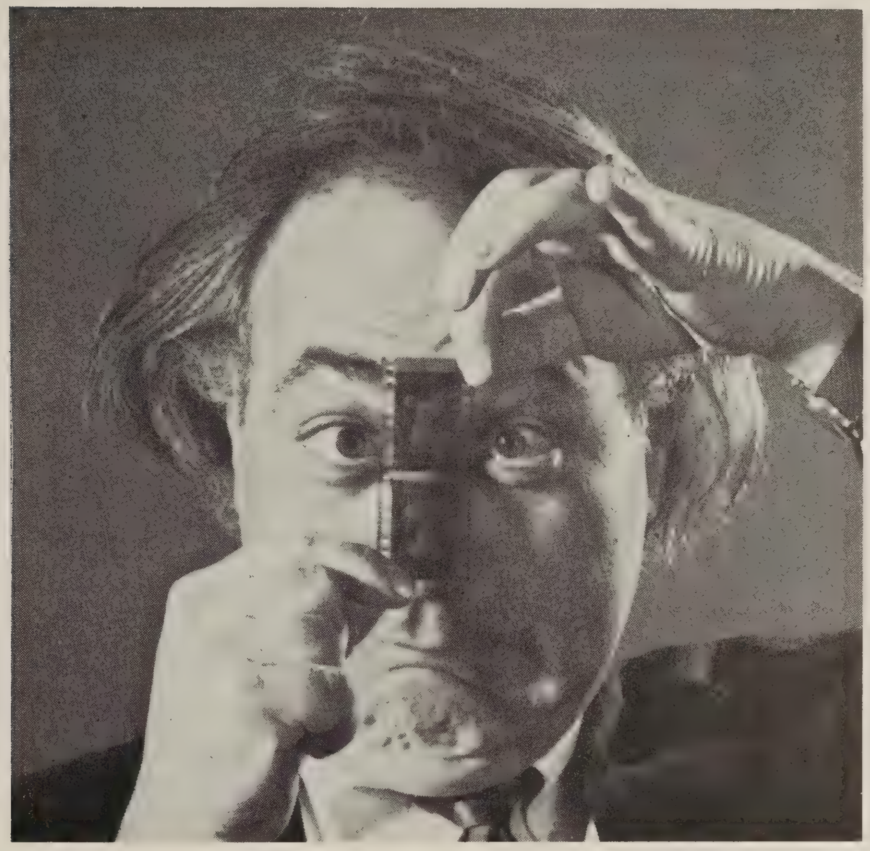

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Pennsylvania Statute Prohibiting Price Advertising of Prescription Drugs held to be Unconstitutional

The Pennsylvania Supreme Court recently held that state's statute prohibiting the advertising of prices for prescription drugs unconstitutional.

The case arose from the revocation of a pharmacist's license by the State Board of Pharmacy after the pharmacist had placed newspaper advertisements listing prices for certain prescription drugs. The pharmacist appealed and received a six month suspension instead of the revocation. A further appeal to the Superior Court resulted in this suspension being affirmed. The pharmacist then took the next step and appealed to the Supreme Court of Pennsylvania, which reversed the lower courts and dismissed the complaint.

In its decision, the State Board advanced three reasons for upholding this statute:

(1) to keep prescription drugs out of the public eye and thus reduce their use.

(2) the impaired ability of the pharmacist to perform his "monitoring function" since price advertising would lead to increased shopping for prescriptions.

(3) pharmacists would be encouraged to buy in larger quantity which could result in deteriorated drugs being dispensed.

The court rejected these arguments finding that the prohibition of drug price advertising does not bear a "substantial relation" to the reasons advanced for upholding the statute.

The argument that the advertising of such drugs would increase usage was rejected since they are obtainable only on prescription. The court reasoned that the advertising prohibition disregards completely the professional and ethical integrity of the medical profession in prescribing remedies for patients, and that it actually suggests the probability of unethical conduct.

The court distinguished prohibitions on price advertising of eyeglasses having previously upheld such prohibitions. The court concluded there is greater public protection in the case of drugs, because while eyeglasses could be sold by a retailer on his own authority, the pharmacist is not allowed to deviate from the prescription given to him. The court concluded that while eyeglasses damaging to the patient could be sold by a retailer subjected to price competition this could not occur with drugs.

The court did not believe that the diminished ability of the pharmacist to perform the monitoring function was a sufficient reason to sustain the advertising prohibition, since no evidence was introduced at the trial to indicate the extent to which it is being done in Pennsylvania. The court went on to indicate that even in those states where this rationale has sustained prohibitions of this type, the courts involved have referred to this practice as being "infrequent" and "not completely effective." The Pennsylvania court went on to state, "it is primarily the physician's duty to be certain that he is not prescribing drugs antagonistic to those being taken by his patient." The court also rejected the argument that the prohibition of price advertising would prevent the dispensing of deteriorated drugs. The court pointed out that the state's Drug, Devices and Cosmetic Act as well as the Pharmacy Act attack this problem directly.

The court thus concluded that, "we thus find that the prohibition in question bears no substantial relation to any of the objects which the Commonwealth . . . assert were sought to be obtained . . . we are drawn to the conclusion that the statute is unconstitutional . . .".

A common thread throughout the court's decision is the apparent attitude that a pharmacist functions less as a responsible health care professional than as a mere "seller of drugs." Unfortunately, this viewpoint might well have been reinforced by the very circumstances of the case which the court was considering. In any event, "professional" arguments were not bolstered by sufficient evidence in the court's view. The case illustrates dramatically that in the public view professionalism may be based not on degrees or licenses but on performance.

FDA Warns Drug Manufacturers to get Agency's Approval Before Marketing Drugs

The Food and Drug Administration recently issued a word of caution to drug manufacturers introducing new products without their approval. The Federal agency indicated that it is seriously concerned about the introduction into the market of new products without submission and approval throughout the "New Drug" (NDA) procedures of the Food, Drug and Cosmetic Act. The agency indicated that this is being done either through a misunderstanding of the legal requirements or a deliberate effort to avoid the NDA procedures.

The statement pointed out the fact that anyone introducing a new product, or an old product for a new use, or a new combination of old ingredients, or any other product that is or may be a "New Drug" must submit an (NDA) and obtain approval prior to marketing the preparation. It was also pointed out that if a manufacturer or distributor decide unilaterally that any such product does not require pre-marketing approval, he must recognize that he risks criminal and civil regulatory action as well as possible recall of the product from the market. Ornex and Epitrate are two products currently involved in an FDA-manufacturer dispute over whether they are subject to the NDA requirements.

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Poison Prevention Packaging Act of 1970

The Poison Prevention Packaging Act of 1970, will require safety closures for packages containing various household substances. Included in the definition of household substances are: hazardous substances, economic poisons, prescription and non-prescription drugs. This requirement will go into effect as soon as appropriate closures are developed.

The following are proposed performance standards for safety closures for containers of solid-type medications, developed by the Joint Industry—U. S. Food and Drug Administration Committee on Safety Closures:

1. The closure should be significantly more difficult to open initially and repeatedly (for the number of openings customarily required for its size and contents) by children under five years of age than the ordinary screw cap or snap-off closure.

2. Nearly all normal adults should be able to open and to properly reseat the closure without undue difficulty.

3. Instructions for opening and closing in clear and legible form should be provided.

4. The closure and the container should be of such material and such design that it would preserve the efficacy and quality of the medication under use conditions.

5. A closure may be designated as a child-resistant closure providing the tests have been done under the protocol conditions described below, and providing further that the closure shall successfully resist the attempts of at least 65% of the children to open the closures without demonstrations and at least a total of 50% with and without demonstrations. In addition, at least 90% of the adults 45 years of age and under shall be able to successfully open and reclose the closure before demonstrations, and at least a total of 95% of them shall be able to open and to close the closures after demonstration.

New Trial Ordered in Pharmacy Malpractice Case

The Michigan Court of Appeals recently held that a pharmacist who negligently dispensed a mild tranquilizer when the prescription called for an oral contraceptive, with the result that a child was born to the couple, is liable to that couple for damages. The case was returned to the trial court for a determination of the damages.

The husband and wife had decided to limit the size of their family and consulted a physician who telephoned a prescription for an oral contraceptive to the pharmacist. He supplied a mild tranquilizer by mistake. The wife took the tranquilizer on a daily basis, assuming it to be the contraceptive, subsequently became pregnant and delivered a healthy child.

The complaint alleged four items of damage: (1) wife's lost wages; (2) medical and hospital expenses; (3) the pain and anxiety of pregnancy and childbirth; and (4) the economic costs of rearing this eighth child.

The original trial court adopted the pharmacist's argument that the damage suffered by the husband and wife were offset by the benefit of having a healthy child and refused to allow the question of damages to go to the jury.

The Court of Appeals reasoned that while the "benefit-rule" can be used in the determination of the total damages, it should not as a matter of law be concluded that the services and companionship of a child, in every case, have a greater dollar equivalent than the economic cost of his support.

The court also ruled that the failure of the parents to seek an abortion or place the child for adoption not be a consideration in the determination of the damages.

Methadone Programs

The Committee on Alcoholism and Drug Dependence of The American Medical Association and the Committee on Problems of Drug Dependence of the National Research Council has issued a joint statement on methadone maintenance programs.

While these recommendations are directed to the physician, the same criteria are applicable to a pharmacist considering participation in such a program.

Pharmacists are also reminded that the methadone maintenance treatment of narcotic addicts program requires the advance approval of the Food and Drug Administration. Such approval may only be obtained on the basis of a Notice of Claimed Investigational Exemption for a new drug justifying such a program.

The NRC/NAS-AMA recommendations are as follows:

1. Methadone maintenance programs should include at least the following elements in order to constitute proper medical practice:

a. adequate facilities for the supervised collection of urine and for frequent and accurate urine testing for the presence of morphine and other drugs,

b. general medical and psychiatric services,

c. hospital facilities as needed,

d. adequate staff,

e. rigid controls of methods of dispensing methadone to prevent diversion to illicit sale or to possible intravenous use.

2. Care should be exercised in the selection of patients to prevent the possibility of causing the person who has not been dependent on heroin to become dependent on methadone.

3. There would be continued evaluation of the long-term effectiveness of methadone programs for persons who are stabilized on an inpatient or an ambulatory outpatient basis.

4. Where feasible, staff members of new methadone maintenance programs should be trained in this technique in an established effective program.

5. Continuing research is essential particularly with reference to:

a. the use of properly trained practicing physicians as an extension of organized methadone maintenance programs in the management of those patients whose needs for allied services are minimal. These patients should re-

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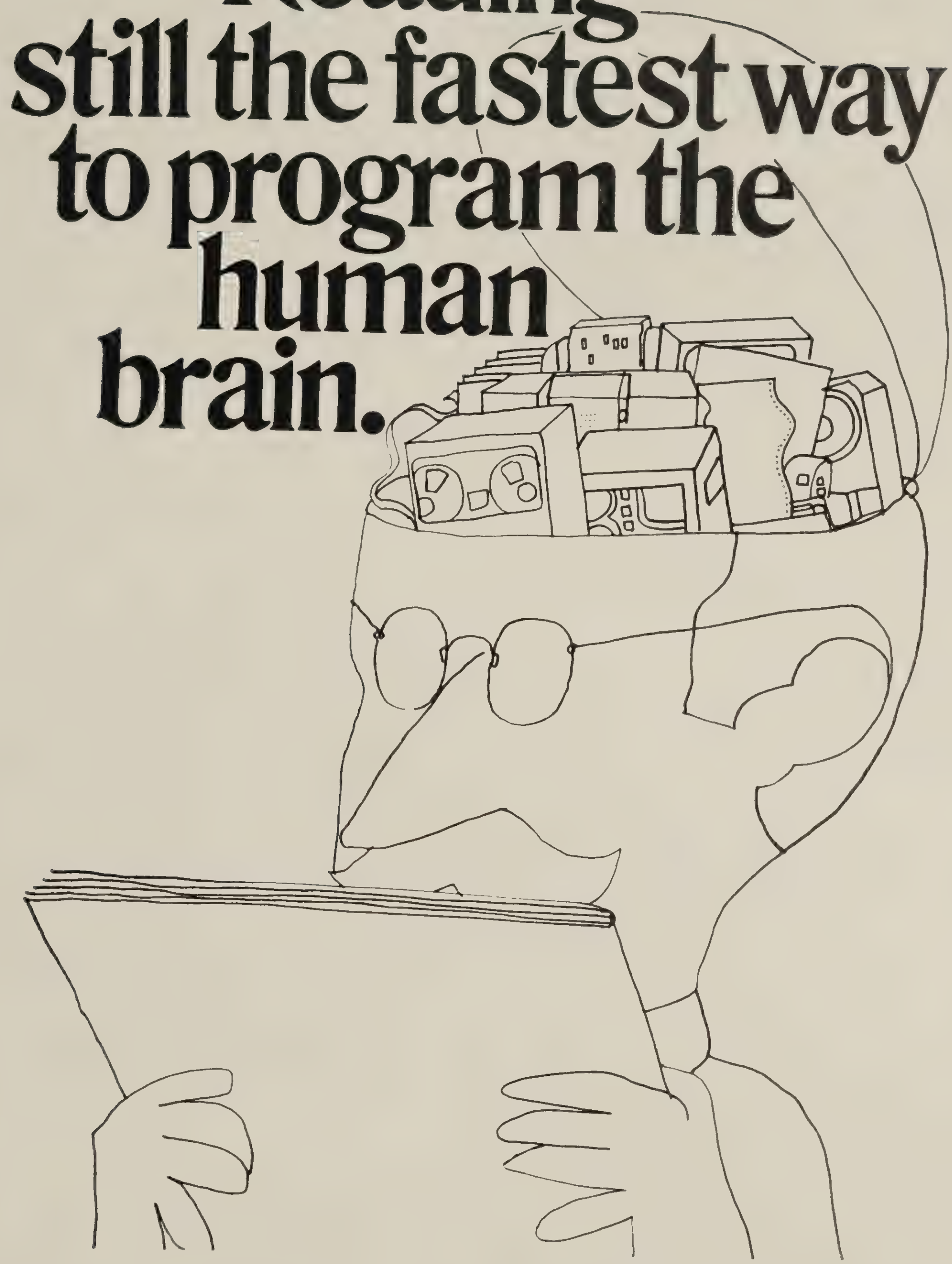

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main in contact with the methadone maintenance program for periodic evaluation, including urine testing.

b. the role of methadone maintenance in the treatment of heroin dependent patients under age 18 years.

c. the use of methadone maintenance in combination with other approaches to the treatment of morphine type dependence.

Methadone maintenance is not feasible in the office practice of private physicians. The individual physician cannot provide all of the services for the various therapeutic needs of the patient. The individual physician also is not in a position to assure control against redistribution of the drug into illicit channels, to maintain control of doses, or to establish the elements for proper evaluation of the treatment. Practicing physicians, however, should cooperate with methadone maintenance programs in their communities and offer whatever services they may be capable of providing.

Pharmacists are advised not to provide methadone outside of an authorized program, or in conjunction with an individual physician who is not acting in accordance with the recommended guidelines.

Prescription Program Fee Increases Announced

The Department of the Army recently announced that the CHAMPUS prescription fee has been increased to $2.00. This marks the second increase in the CHAMPUS prescription fee since April 1, 1970 when the fee was increased from $1.75 to $1.85. Details of the CHAMPUS program were published in the August 1970 issue of *The Maryland Pharmacist.*

The Medimet prescription drug plan of the Metropolitan Life Insurance Co. announced an increase in the program's prescription fee to $2.00 effective May 1.

Chain Store Report

Drug chain sales continue to make sharp inroads into sales of all drug and proprietary outlets according to the April 5 NACDS Executive Newsletter. Last year, chain sales advanced about 14 per cent, close to double the increase of the total group. Market penetration by chains exceeded 34 per cent in 1970 compared with 32 per cent in 1969.

In 1971, sales are forecast to maintain their upward momentum and total close to $5 billion, 15 per cent higher than last year. In 1970, a disappointing year for retail sales, drug chains were an outstanding performer. Their sales gain was larger than that of any other major type outlet.

Albert Lowental, of Read's Inc. will retire April 30, 1971 after almost forty years of continuous service including many years as an Officer and Member of the Board of Directors. After retirement, Mr. Lowenthal will remain a Member of the Board of Directors of Read's, Inc.

Pariser Named as Read's Pharmacist of the Month

Joseph Pariser, Baltimore pharmacist with Read's Drug Store, Parkville Shopping Center, was recently named Read's Pharmacist of the Month. Mr. Pariser was chosen for this honor because of his prompt action taken to save the life of a woman patient at his pharmacy. The patient complained of indigestion and asked Mr. Pariser for a suggestion to relieve her discomfort. Mr. Pariser recognized she was having a heart attack and quickly summoned an ambulance. She was admitted to a hospital beacuse of an acute attack of myocardial infraction and is now making normal progress.

Mr. Pariser is a 1963 graduate of the University of Maryland School of Pharmacy and has been with Read's Drug Stores since 1962. He is a member of the Maryland Pharmaceutical Association and the Alpha Zeta Omega Pharmaceutical Fraternity.

Wholesale Drug Companies Offer Service To Pharmacists

On Thursday, April 8, fire in the pharmacy at Valley Forge Medical Center in Norristown, Pa. destroyed much of the usable stocks for the Center's 72 patients. By the time the fire was out, it was 3:35 p.m., the day before Good Friday. DRUG HOUSE representative Richard Caranfa helped the Center's pharmacists take stock, four members of the Hospital Sales Department transcribed the 300-item replacement order, and warehouse personnel stayed overtime to fill the order that night. Caranfa personally delivered it to the hospital by 8:00 o'clock the following morning.

This is what *service* is all about.

Obituaries . . .

Warren Louis Johnson

Warren Louis Johnson, 51, pharmacist at the D.C. General Hospital and member of the Maryland Pharmaceutical Association, died April 11. He was a graduate of the George Washington University School of Pharmacy and is survived by his wife, 3 children, 2 brothers and his mother. He had reciprocated to Maryland from D.C. in 1950.

Frank J. Grau

Frank J. Grau,59, died suddenly on April 16 while playing golf with friends. Mr. Grau graduated from the University of Maryland School of Pharmacy in 1934. He was a former Grand Knight in the Little Flower Council of the Knights of Columbus and a charter member of that council. Until 1958, he operated the pharmacy founded by his father, George P. Grau, in 1907. At the time of his death he was employed by the Read's Drug chain.

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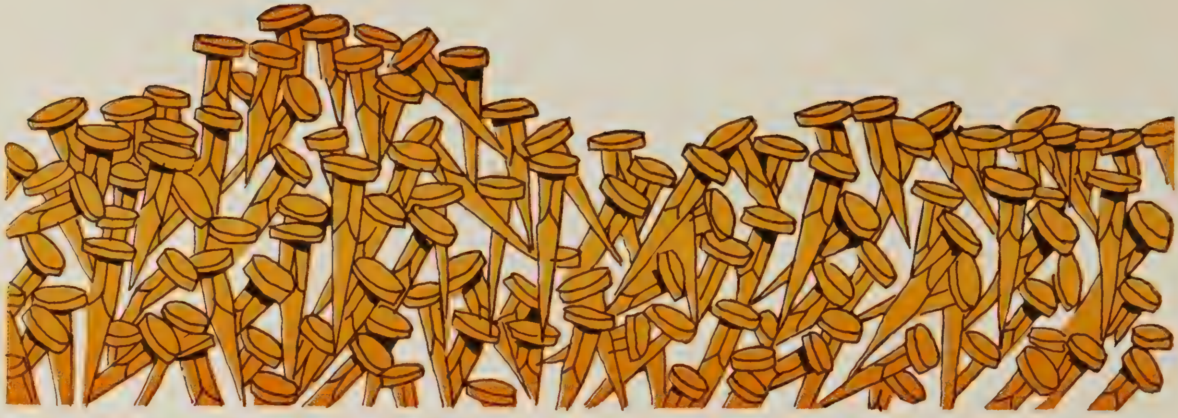

Gilpin offers continuing programs of merchandising ideas to its customers. The highlights of this plan include our January product show featuring summer goods, and our July-August presentation emphasizing fall and gift selections. Dates for this year's fall and gift merchandise show are as follows: For BALTIMORE-WASHINGTON-DOVER: JULY 18th-25th—Gilpin Baltimore Division, 7401 Pulaski Highway, Baltimore, Maryland. For the TIDEWATER REGION: AUGUST 1st-8th—Gilpin Norfolk Division, 6435 Tidewater Drive, Norfolk, Virginia. Please mark down these dates. We know you'll want to attend. Contact your Gilpin representative or Division Sales Manager for more details and to make your appointment.

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(*See Page* 12)

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Editorial . . .

A New Era For Pharmacy In Maryland

The 89th Annual Meeting of the Maryland Pharmaceutical Association which was held on May 16 and 17, 1971, at the Hunt Valley Inn in Baltimore with reconvened sessions at the Jamaica Hilton, represented the end of an era in the history of pharmacy in Maryland and the beginning of what we hope will be a dynamic new phase.

At this meeting, the House of Delegates was inaugurated as the policy making and legislative body of the MPhA. The composition of the House reflects the varied facets of pharmacy in Maryland: all affiliated and recognized pharmaceutical associations, the School of Pharmacy, the APhA-MPhA Student Chapter, as well as the MPhA officers and Board of Trustees.

Obviously, a great responsibility rests upon the newly elected Speaker of the House, Sydney L. Burgee, Jr., to assure that the House of Delegates will function as the authentic voice of pharmacy in Maryland. During the coming months, he will be charged with leadership in developing the By-Laws, rules and procedures required to translate the skeleton structure into a vigorous mechanism capable of fulfilling its mission.

The beginning of this new era is a time to place aside any lingering antagonisms within our ranks. Now is the time—long past due—to mobilize everyone in every area of pharmacy into a unified, cooperative posture. Organizationally, our priorities are membership expansion, adequate financial resources and effective communications.

Programmatically, our priorities include legislation, prescription prepayment plans, new health delivery systems and their financing, employer-employee relations, peer review, pharmaceutical education, (undergraduate, internship, preceptors and continuing), supportive personnel and public health information. There are, of course, many other important areas one must be concerned with. The extent to which MPhA can involve itself in the many issues and problems facing us and the effectiveness of MPhA in these areas will depend upon its organizational strength. The nature and extent of this strength depends upon achieving close to 100% support from the pharmacists of Maryland. With the attainment of support of this magnitude we can then realistically expect the resources and staff to address ourselves to the myriad of matters crying for our attention. Such a total mobilization of our potential can come only with more of our present members making a minimal contribution of their time to their profession. We have been fortunate that a number of dedicated pharmacists have sacrificed some time and efforts to advance pharmacy for the mutual benefit of all in pharmacy and most importantly for the benefit of our patrons and patients.

With the streamlined structure of a Board of Trustees and a House of Delegates and with the energetic and dedicated leadership of incoming President Nathan Schwartz, we look forward to the era now unfolding.

It can be—it must be—the beginning of a new, vigorous spirit of subordinating personalities to the great and noble goals of MPhA: representing and advancing pharmacy as a profession constantly working to assure better health for all.

—Nathan I. Gruz

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Maryland Pharmaceutical Association

89th Annual Convention

Report Of The Executive Director

Nathan I. Gruz

Hunt Valley Inn, May 17, 1971

Mr. President, Members and Guests,

This is my tenth annual report to the membership in my capacity as Executive Officer of the Maryland Pharmaceutical Association, the state professional society of pharmacists, as it approaches 9 decades of dedicated service to advance the health of the citizens of this state.

I am most appreciative of the support that sincere committed pharmacists and members of the allied drug industry have given to the Association and to me personally. We must henceforth put aside all destructive, distracting divisiveness and concentrate on constructive use of our time, our energies and our resources. Let us henceforth utilize the best at our disposal, rather than search for the ideal—the perfect Moses to lead us out of the wilderness.

A great deal has happened in the past decade—revolutionary changes in our society—revolutionary changes, therefore, in pharmacy as well.

During the past decade we have seen the following patterns in pharmacy service emerge:

First, we see a greater role for institutional pharmacy concomitant with the growth of the hospital as the source of an increasing percentage of the total services of the current health delivery "system". This has come about for a variety of reasons, including population shifts, decline in availability of general practitioners and need for specialized equipment, facilities and personnel.

Second, there is the decline of the small independent neighborhood pharmacy, the relative growth of the "large independent" and explosive growth of chain (including discount and supermarket) pharmacy. Nevertheless, many independents who have emphasized personalized relationships with their patrons have been able to retain their loyalty in the face of the most severe competitive challenges. Where pharmacists have made it a cardinal rule to maintain person-person contact with patrons requiring prescription and health-related products, confidence and trust has been generated which is able to overcome to a considerable degree competitive appeals based solely on price.

Where pharmacists have personal contact with patrons who require prescription and other health products and maintain medication records for them, experience has shown that these pharmacists have established a solid pharmacist-patient relationship. Usually this includes the physician as well. Providing pharmaceutical services to nursing homes, extended care facilities, small hospitals and other health facilities is a great challenge to pharmacists and offers them rewarding professional opportunities. Here the interested pharmacist must be sure he has become knowledgeable and expert in new developments in systems, procedures, equipment and automation so that he can provide the necessary services in an efficient and economical manner. This must be done in line with good professional practice and so that the needs for drug security, proper storage, control of distribution and, above all, the needs of the patients are met.

This means that the opportunity for the innovative, flexible pharmacist applying new ideas in providing pharmaceutical services is present. It means, in many cases, new patterns in practice and in management. Group practice by pharmacists may be the answer in some situations. Participation in neighborhood health centers established by health professions, by governmental agencies or jointly by government and professions will be the answer for some.

Third, we see great change in what constitutes the "practice of pharmacy" both in the hospital and community setting. That is, the concepts of pharmacist-patient involvement and of "clinical pharmacy" are assuming greater significance in the providing of complete health care to both hospitalized and ambulatory patients. It is doubtful whether pharmacists will be able to escape the full professional and legal responsibilities for which their education and training qualify them.

This pertains especially to the pharmacist's duties and responsibilities to patient and physician in maintaining patient drug histories and utilizing the data in regard to possible drug interaction, drug over-utilization, maintenance of the prescribed drug regimen and in general providing prescriber and patient with appropriate information, guidance and counsel about drugs.

Why else have a five or six-year education to produce a pharmacist?

Fourth, there are great pressures both within and outside of pharmacy for pharmacists to assume an ongoing function in drug product selection. This has long been the established practice in the closed system of institutional practice. The APhA and others in pharmacy and many in labor, the consumer movement, legislators and others are nevertheless embarked on the road to change the status quo of "antisubstitution" laws in the face of legal restraints and strong opposition from industry and organized medicine.

I would strongly recommend that we take the steps necessary to enable Pharmacists in Maryland to choose the drug product to dispense pursuant to a prescription.

Fifth, the proliferation of "third-party" patients health insurance plans which more and more are including drug programs, is having a critical professional and economic impact on pharmacy.

Sixth, there is the growing acceptance of the inevitability of a national health insurance plan which will include a drug program. It seems very likely, however, that we will have for some time a variety of sources of health care available to the public: the private, solo practitioner, group practice, health centers, the medical or hospital center. How these services will be financed will perhaps be determined in the next two or three years.

Seventh, the kind of supportive personnel to be used in pharmacy, their role and status will have to be resolved. Crucial professional and economic considerations are involved which deeply affect all pharmacists—community, hospital independent, chain, proprietor, manager, and employee.

The profession of pharmacy through its professional organizations must thave the decisive voice in all these issues.

The Maryland Pharmaceutical Association has established a mechanism through its House of Delegates for voice for all pharmacists in the State in developing policies in the issues outlined above as well as any other issues. When pharmacists join and participate in the affiliated pharmaceutical organizations, they are entitled to maximum representation. The various recognized and related groups including students also have delegates.

The organizational structure in pharmacy now has the machinery for "participatory" democracy in Maryland. Let us act to involve every pharmacist and the entire drug industry in our State so that we accelerate the professional and economic advancement of pharmacy. Professional growth for pharmacy will inevitably result in the maximum contribution of pharmacy to more effective health care for all for the benefit of both profession and society.

In order to attempt to meet these changes, we have made some progress, and we have had some successes. But we must admit there is much more remaining to be done.

What are some of these accomplishments?

The highlight of this past year—and indeed—of the MPhA's history in the context of its contribution to the advancement of a unified organizational structure for pharmacy has been our affiliation with the American Pharmaceutical Association, our national professional society.

There are now 16 affiliated states, comprising more than 50% of the pharmacists of the nation. There are at present several more states involved in negotiations with APhA.

We are proud, too, of the completion of the affiliation of all existing local pharmaceutical associations with MPhA—an important and essential attainment.

These two accomplishments are the result of long years of work by many devoted members of MPhA in overcoming many obstacles. I am gratified that these two goals which I set forth 10 years ago are a reality today, and I wish to thank the leaders of MPhA together with those of the Allegany-Garrett, BMPA, Eastern Shore, Prince Georges-Montgomery and Washington County Pharmaceutical Associations who have had the broad vision to recognize that strength and effectiveness must be based on a foundation of reciprocal relationships and coordinated efforts and were willing to lay aside local considerations for the mutual good of all of pharmacy in Maryland and in the nation.

Secondly, we have adopted the framework for a more effective organizational structure and a capability for greater participation by our constituents and allied groups through a Board of Trustees and a House of Delegates. This is now being implemented. There is much that has to be done in proper and complete implementation, and this will be our objective during the coming year. It will take time to set up all the procedures required for proper functioning.

Legislation, Medicaid, third-party payment plans, professional and economic seminars, public relations and information activities all are reported on at this Annual Meeting.

In addition to our public health activities in the areas of Diabetes Detection and Poison Prevention, we are launching an extensive community wide campaign in Venereal Disease Education. All these projects serve to more strongly identify pharmacy with service to the health needs of the community.

In reference to legislation, the Pharmacy Law of Maryland, although far from completion or perfection, is the result of a tremendous amount of work by MPhA —both volunteer and staff. Some of the provisions are vital in maintaining a professional posture. We will have to be alert to sustain the integrity of the basic elements of this vital legal mandate. At the same time, we will have to press vigorously forward on legislation required to strengthen our professional disciplinary machinery.

In implementing some of these changes, greater support—not lip service—will have to be given to PHARM-PAC, the Pharmacists Political Action Committee, which is an independent group with objectives vital to all in pharmacy.

We are concerned—and must be more involved—in the educational structure for educating pharmacists. Important and long overdue progress is being made in bringing pharmaceutical education into the mainstream of emerging patterns of health care delivery systems. Hip, hip, hurrah for the progress in eliminating the fiasco called the "practical experience requirements" and its substitution by a professional type of supervised preceptor system for pharmacy students.

This year progress was also made in the inclusion of our exhibit in the scientific section of the State Medical Society's Annual Meeting. The theme of the pharmacist's contribution to better patient care through patient medication records is one which all of us must hope will be put into operation by all pharmacists as a recognized essential part of the practice of pharmacy.

A happy note, too, is the improvement in the publication schedule of "The Maryland Pharmacist," which is now almost current. However, it is recognized that communications need great improvement, and that must be advanced during the coming year.

In addition the Maryland Pharmacy Foundation has been activated with the goal of launching a campaign to complete the work associated with the Swain Model

Pharmacy and the Cole Museum. All in pharmacy will be contacted this year. Please give this your attention when you receive the brochure being prepared under the direction of Dr. Samuel Fox.

There is much to be done during the coming year and during the next five years in all the areas of vital concern to our members. We have professional, economic and management interests which we can only address ourselves to when certain prerequisites are met. These are:

1. By encompassing the great majority of the pharmacists of the state as members.

2. By operating on a budget which can realistically finance the required programs and the staff sufficient to implement these programs.

The leaders and the members of MPhA will have to develop and support the plans for enlarging our membership and obtaining greater sustaining membership commitments, more advertising participation and more convention support.

In the critical area of membership solicitation, it may well be necessary to use a field representative. This has been the crucial factor in all the states experiencing dynamic membership growth.

If we are to make a radical breakthrough in the fields of prescription insurance plans, health planning, legislation, Medicaid, public health, employer-employee relations, pharmacy management, proper communications, etc. etc., we will have to have the numerical strength and the financial resources to do the job.

Will all of you help your new leaders and me to get the show on the road this year?

This is our challenge for 1971.

Your actions—not words—in the days and months ahead will be the test.

PHARMACY CALENDAR

September 7-12—31st International Congress of Pharmaceutical Sciences of the FIP, Washington, D.C.

October 10-14—National Association of Retail Druggists Annual Convention, The Rivergate, New Orleans.

October 16-21—National Wholesale Druggists' Association Annual Meeting, Century Plaza Hotel, Los Angeles.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

Photo by Paramount Photo Service

THE MARYLAND PHARMACEUTICAL ASSOCIATION RECENTLY INSTALLED THE FOLLOWING OFFICERS: (left to right)

Donald O. Fedder, Chairman, Board of Trustees, Baltimore; Morris Lindenbaum, Treasurer, Reisterstown; H. Nelson Warfield, Honorary President, Pikesville; Nathan Schwartz, President, Annapolis; Bernard B. Lachman, President Elect, Baltimore; John R. McHugh, Vice President, Potomac; Nathan I. Gruz, Executive Director, Baltimore.

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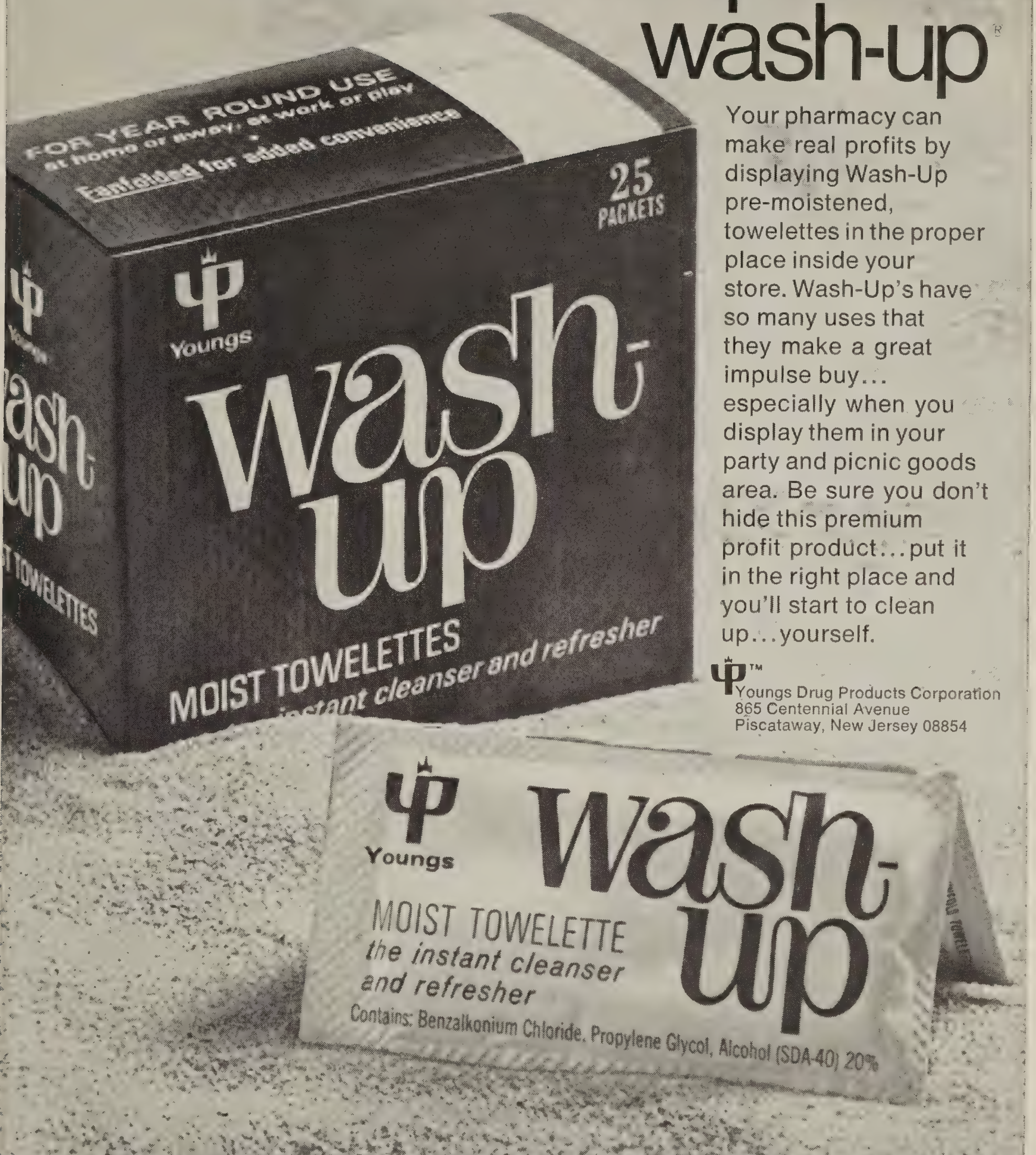

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NATHAN SCHWARTZ
President
Maryland Pharmaceutical Association

Nathan Schwartz, Annapolis pharmacist, was installed as president of the Maryland Pharmaceutical Association at its 89th Annual Meeting.

Mr. Schwartz, who was on the Maryland Pharmaceutical Association Executive Committee, for four years, Convention Chairman and Chairman of the MPhA Medicaid Committee, is a 1943 graduate of the University of Maryland School of Pharmacy. During World War II he served in the U. S. Maritime Service for almost three years. He is the proprietor of the South River Pharmacy in Edgewater. He holds membership in the American Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

He has been on the Board of Governors of Kneseth Israel Synagogue for over 16 years, serving as its youngest elected president in 1960 and 1961. He is currently Chairman of the Israel Bonds Committee for Annapolis. He is also a member of the South Anne Arundel Businessmen's Association.

Mr. Schwartz is married to the former Norma Lee Stein and they have two children: Steven, a junior at the Pennsylvania College of Optometry and Susan, a senior at the University of Maryland.

A.Z.O. Pharmaceutical Fraternity Kappa Chapter

New officers of the AZO Pharmaceutical Fraternity Kappa Chapter and the Ladies Auxiliary were installed on Sunday, June 6 at the Hunt Valley Inn in Cockeysville. They are as follows.

Directorum—Jerry Freedenberg
Graduate Sub-Directorum—Henry Leikach
Undergraduate Sub-Directorum—Steve Bierer
Excheque—Jerry Cohen
Recording Signare—Alan Stoff
Corresponding Signare—Steve Buchner
Bellarum—Dennis Klein
Executive Unit: Paul Zucker, Steve Tompakov, Kelvin Levitt, Henry Seidman, Sam Block, Morris Schenker.
Auxiliary Officers for 1971-1972
  President—Vicki Buckner
  Vice President—Norma Samson
  Corresponding Secretary—Iris Bierer
  Treasurer—Rozzie Stoff

Three new members from the School of Pharmacy were welcomed into the fraternity. They are: James Kessler, Barry Hecht, and Arnold Kaplan.

LAMPA News

CONVENTION TIDBITS

Breezewood

The rain drops kept falling on our heads—and consequently LAMPA's tour of the garden and museum of the Alexander B. Griswold estate was called off. However, we have been given a "rain check" for a future date.

Art Exhibit

Our first art exhibit took place in the Noxell Suite of the new Hunt Valley Inn on Sunday, May 16, 1971. Eight local lady artists, including two LAMPETTES, Camilla Ogrinz and Arlene Padussis, exhibited. While the artists claimed amateur status, their work appeared to be quite professional. An interesting feature was the explanation each artist gave about her particular paintings, how they came about, problems surmounted and for whom they were painted.

Arnold Zenker

Just as he does on TV, Mr. Zenker charmed his live audience of LAMPA and TAMPA members. He told several very amusing stories of his experiences while interviewing guests. The serious side of his personality received equal time too, as he stressed the fact that times have changed and are continuing to change, even though each of us may prefer some particular facet of the past to remain the same. He was thought provoking, and his "show" seemed to end much too soon. If you are curious as to the subject about which he receives most questions, during his personal appearances, check with a member that attended.

Annual Business Meeting

President Dora Rockman presided and judging from the yearly reports, we are doing well.

Our dues have been used to enhance attendance at our meetings through interesting programs and giveaways. We earned that if a member attended the last three meetings (Fall, Spring and this Convention) she received almost double her annual dues, in gifts. Naturally, this does not include whatever information and pleasure she derived from attending. A shimmering, wiggly, metal gold fish, at the end of a chain, was LAMPA's gift to members attending their 18th annual meeting.

LAMPA OFFICERS FOR 1971-72

President	Mrs. Louis M. Rockman
Treasurer	Mrs. Charles S. Austin
Membership Treasurer	Mrs. Manuel B. Wagner
Recording Secretary	Miss Mary DiGristine
Communications Secretary	Mrs. Richard R. Crane

Executive Board

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Mrs. William A. Pokorny
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summer deal starts July 1st includes 4oz. and 7oz. sizes

Again this summer you can stock up on Robitussin and Robitussin-DM at special low deal prices. Last year, drug store sales of these two cough preparations increased 8%, while the market was up only 1%. These increases were recorded in chains and in small, medium, and large independents. Robitussin and Robitussin-DM alone now hold a big 10% share of this $100,000,000 market. They are also the most heavily prescribed cough syrups sold OTC with over 2 million scripts filled annually. In fact, Robitussin is the only OTC cough medicine among the 200 most prescribed drugs. In spite of all this Rx volume, some 71% of all Robitussin and Robitussin-DM business is OTC. Stock up heavy on these two leading cough preparations while they're on deal by ordering more of the 4-ounce and a good supply of the 7-ounce size. And don't overlook Robitussin®-PE. It's moving up fast in scripts and OTC sales.

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Hospital Pharmacy Section

Maryland Society Of Hospital Pharmacists Meeting of May 13 and May 27, 1971

Members of the Maryland Society of Hospital Pharmacists met at Schraft's Colony Inn for a joint meeting with the D.C. Society of Hospital Pharmacists on May 13, 1971. The social hour and dinner were sponsored by the Organon Company.

Guest speaker for the evening was William J. Donnelly, Jr., Chairman of the D. C. Bar Association's Committee on Medico-Legal Matters. His speech was entitled "Hospital Pharmacy and the Law." A short D.C. Society business session followed.

The Maryland Society of Hospital Pharmacists met on May 27, 1971 at Mercy Hospital in Baltimore to make final amendments and to approve the proposed revision of the Constitution and By-Laws. Present at the meeting was Mr. Jules Lichter, attorney, who has been actively involved in the Constitution and By-Laws revision.

Guidelines For Hospital Pharmacy Services Distributed

A booklet entitled "Suggested Principles and Guidelines for Pharmaceutical Services in Hospitals" has recently been printed and distributed under the co-sponsorship of the Maryland Society of Hospital Pharmacists and the Maryland Pharmaceutical Association.

These comprehensive guidelines were developed in 1969 by the "Pharmacy Advisory Committee" appointed by the Council on Hospital Services for the Maryland-District of Columbia-Delaware Hospital Association following the initial suggestion of Mr. Henry J. Derewicz, Director, Pharmacy Service, The Johns Hopkins Hospital, Baltimore, Maryland. The Committee was composed of representatives of the medical, nursing, pharmacy, and hospital association groups located in the Maryland, District of Columbia, Delaware region. Morris Bookoff and Nathan I. Gruz represented MPhA and F. S. Balassone, the Maryland Board of Pharmacy. Since then, a substantial majority of these groups have indicated their endorsement of this manual.

The purposes of these guidelines are to:

1) Protect the safety and welfare of patients who receive drugs while in the hospital;
2) Recognize the interdependence of the medical care team members in the hospital who participate in the acts associated with drug treatmtent or usage;
3) Guide individual hospitals in establishing their own specific policies and procedures for the safe use and distribution of pharmaceuticals within the institution.

An initial supply of the guidelines has been distributed to each hospital in the state. Additional copies are available at $1.00 each by contacting Dolores A. Ichniowski, Secretary, Maryland Society of Hospital Pharmacists, 1212 Roundhill Rd., Baltimore, Md. 21218 or the MPhA office.

Antibiotic Booklet Available

A 25 page, pocket-size booklet describing dosages and choices of antibiotics and antibacterials for specific bacterial pathogens has been prepared by Dr. John H. Mulholland, Assistant Chief of Medicine at the Union Memorial Hospital in Baltimore in collaboration with Sydney L. Burgee, Jr., Director of Pharmacy and Central Supply, Howard Sherman, Staff Pharmacist, and Richard A. Wankel, Staff Pharmacist at the Union Memorial Hospital.

The booklet contains valuable information such as information on major untoward effects of the antibiotics and antibacterials, and a chart on modification of antibiotic dosage in renal failure. Publication of the booklet was financed by Eli Lilly and Company.

Individual copies are available at no charge by sending a stamped, self-addressed, business size envelope to the Union Memorial Hospital Pharmacy, Calvert and 33rd Streets, Baltimore, Md. 21218.

Burroughs Wellcome gives $500,000 Grant to Hopkins

The Burroughs Wellcome Fund has announced a $500,000 endowment for a professorship in clinical pharmacology at the Johns Hopkins University School of Medicine.

Dr. Pedro Cuatrecasas, the director of the Division of Pharmacology, was appointed to what is believed to be the first chair in clinical pharmacology ever endowed in this country. In accepting the chair, Dr. Milton Eisenhower, the president of the university, noted that Hopkins created the first full-time pharmacology department in this country almost 80 years ago. "We look forward to developments of even greater significance to medicine from this important development in clinical pharmacology," he said.

Dr. Cuatrecasas, 34, came to the Hopkins last year from the National Institutes of Health. He was named Young Scientist of the Year last year by the Maryland Academy of Sciences. Burroughs Wellcome is a pharmaceutical firm that has operations in both this country and Great Britain.

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Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of May:

New Pharmacies

Drug Fair No. 137, H. Lebowitz and M. Levinson, Pharmacists, 5270 Randolph Road, Rockville, Maryland 20853.

No Longer Operating As Pharmacies

Vojik's Pharmacy, Edward C. Vojik, 900 South Ellwood Avenue, Baltimore, Maryland 21224.

Change of Ownership, Address, Etc.

Westview Pharmacy, Pasadena, Alder Simon, President (Change of name and ownership — Was Village Drugs, Inc.), 399 Fort Smallwood Road, Baltimore, Maryland 21122.

Final Regulations Published for Controlled Substances

Final regulations implementing the Controlled Substances Act were published in the *Federal Register* on April 24. For those who desire a copy of the complete regulations, Volume 36, Number 80, pages 7776-7826, Saturday April 24, 1971, copies are available at 20c each, prepaid, from the Superintendent of Documents, United States Government Printing Office, Washington, D.C. 20402.

Late clarifications, according to Carl Roberts, APhA Legal Division Director, include:

—Owners of multiple pharmacies may apply to BNDD for a permit to maintain central records, providing specific conditions are met.

—If a date other than May 1 is elected for biennial inventories, BNDD must be so informed.

—A written prescription order for Schedule II controlled substances must contain the date of issue, name and address of the patient, signature, address and registration number of the prescriber. If the prescriber has applied for a number, he may (until July 29, 1971) indicate—"Federal registration applied for on (date) ."

—A pharmacy intern can make the determinations necessary for OTC dispensing of a Schedule V controlled substance, provided he is so authorized under applicable state and local laws.

—Any loss or theft of controlled substances when discovered must be reported to the nearest BNDD Regional Office immediately and Form 106 must be completed.

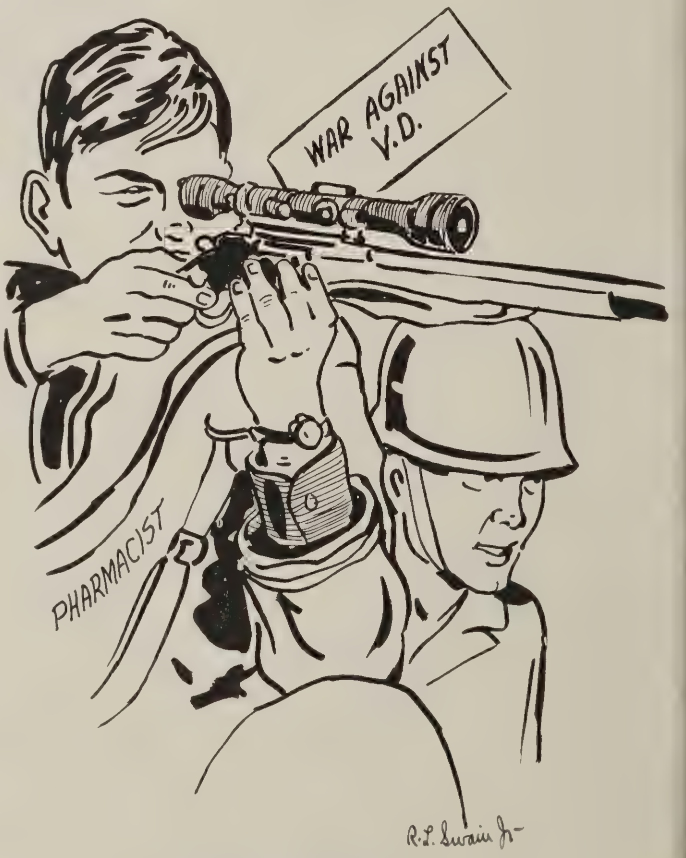
Name of Drug Must Appear on Rx Labels

Senate Bill 110 will become effective on July 1, 1971. This bill will require that all prescriptions be labeled with the name and strength of the drug dispensed unless otherwise indicated by the physician.

Vaginal Spermicide – Not Pill – May Prove "Ideal" Contraceptive

In spite of the intensive search for a "perfect" contraceptive that, by almost universal agreement would take the form of another pill, the ideal contraceptive of the future may well be a new type of vaginal spermicide that might perhaps need to be inserted only once a month, according to Dr. Irving Scheer, Director of Organic Chemistry at Ortho Research Foundation.

That extraordinary possibility was raised at a symposium conducted in San Juan, Puerto Rico, recently by the American Chemical Society New York-New Jersey section. Dr. Scheer said that this new type of vaginal contraceptive "might readily outmode the pill and the I.U.D. —and make prostaglandins a kind of back-up where unwanted pregnancy *did* occur."



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Pharmacists Honored

Godfrey D. Kroopnick, a community pharmacist practicing at Brookfield Avenue and Whitelock Street for the past 40 years, was recently given an award as Outstanding Citizen of Reservoir Hill for the year 1970. The award was co-sponsored by the Parent-Teacher Association of School No. 61 and the Bureau of Recreation. The award was presented by Mr. John Graybill, Principal of School No. 61, on Sports Award Night at the John Eager Howard Community Hall. Chairman of the evening was Charles "Bull" Robinson, ex-Colt football linesman, who is presently connected with the Bureau of Recreation in Baltimore City.

Mr. Kroopnick has been president of the Whitelock Business Men's Association since 1963 and is secretary-treasurer of the Locke Chemical Co.

Pharmacist Godfrey D. Kroopnick, center, receiving award from Principal John Graybill of School No. 61. At right is ex-Colt football linesman Charles 'Bull" Robinson.

Jacob H. Greenfeld, former president of the University of Maryland School of Pharmacy Alumni Association, was honored at a banquet held on March 21 at the Rothstein Auditorium. The award was given for his 13 years of service as president of the Ner Tamid Congregation, Greenspring Valley Center. In 1964, Mr. Greenfeld received the Presidential Award of the Union of Orthodox Congregations of America, an award given to only 10 outstanding leaders of synagogues in the United States and Canada.

Leon Albin was general chairman of the banquet.

Nathan I. Gruz, Executive Director of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association and Editor of *The Maryland Pharmacist*, was elected President-elect of the National Council of State Pharmaceutical Association Executives at their annual meeting in San Francisco held at the end of March. He will be installed at the 1972 annual meeting in Houston, Texas.

Harold Holmes, a life-long resident of Baltimore and a pharmacist with Read's Drug Stores since 1961 has been chosen as Read's Pharmacist of the Month by the 88-year old drug chain. Mr. Holmes has been a store manager with the firm since 1962 and is a member of the Maryland Pharmaceutical Association, the Chi Delta Mu Fraternity and the NARD. He is a graduate of the Howard University School of Pharmacy.

Mr. Holmes was chosen for his professional interest in public health.

Dorothy Levi, staff pharmacist at Lutheran Hospital, is a member of the Steering Committee for Baltimore City Council President William Donald Schaefer's candidacy for Mayor. Anyone interested in further information may contact Mrs. Levi at 484-9195.

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Prince Georges-Montgomery County Pharmaceutical Association

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The Executive Committee and Officers of the Prince Georges-Montgomery County Pharmaceutical Association assembled for this photograph at their recent Installation Dinner. From left to right: Michael Leonard, treasurer; Samuel Morris, honorary president; Edward D. Nussbaum, first vice president; Paul Reznek, secretary; S. Ben Friedman, second vice president; Rudolph Winternitz, Chairman of Executive Committee; Martin Hauer, president; Simon Zvares; Gabriel E. Katz, fourth vice president; Melvin D. Sollod; Paul Bergeron II; Edward Sandel; and Donald O. Fedder, past president of the Maryland Pharmaceutical Association.

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Pharmacology in the Clinically Oriented Pharmacy Curriculum

by:

David A. Blake, Ph.D., Associate Professor and Chairman, Department of Pharmacology and Toxicology

H. Patrick Fletcher, Ph.D., Assistant Professor, Departments of Pharmacy and Pharmacology.

William J. Kinnard, Jr., Ph.D., Dean and Professor of Pharmacology. University of Maryland School of Pharmacy.

(*Presented at the Fall Meeting, American Society of Pharmacology and Experimental Therapeutics, Palo Alto, August,* 1970.)

There is widespread national concern over the lack of proper health care, the accelerating cost of medical services and the inefficiency of the total health care system. Recently a television network aired a documentary entitled "Don't Get Sick in America" which dramatically portrayed the seriousness of the problem. *How* can this complex problem be corrected? Many suggestions have been made but the one most commonly heard is—"we need more doctors"! Actually the inadequacy of the number of physicians has been known for some time, however attempts to correct the situation by increasing the financial support of medical schools has mainly resulted in more research and an increased *potential* for the treatment of disease. But the overall *deliverance* of health care has not been greatly influenced. Rather, it is evident that what must be done in this regard is to more effectively utilize the physician as a diagnostician by transferring the non-diagnostic responsibilities to competent, highly-trained specialists.

With respect to the responsibility for drugs, there has been enthusiastic support for clinical pharmacologists to specialize in this phase of health care. However, a large number of these "M.D., Ph.D.'s" have been absorbed by research programs and a recent survey conducted by Dr. Edward Carr of the University of Michigan (Clin. Pharmacol. and Therap. 11: 455, 1970) shows that only a fraction of the Medical Schools are engaged in training medical students for this role. Some pharmacy schools have initiated revised academic programs designed to produce highly-trained drug experts with clinical experience who will be able to provide direct assistance to the physician in his selection of therapeutic agents and the effective monitoring of drug response. This practitioner is being called a clinical pharmacist and is receiving from 5 to 7 years of education and training and in some cases is being given a new degree—Doctor of Pharmacy (Pharm. D.).

At the University of Maryland, we are in the 2nd year of a 3 year transition to a revised curriculum designed to produce B.S. level clinical pharmacists in 5 years. The program is divided into 3 phases: 2 years of general studies, 2 years of pharmaceutical sciences and 1 year of clinical education and training. The pharmacological aspects of drugs are presented in two courses: a 4th year course in pharmacodynamics and a 5th year course in clinical pharmacology.

During the 4th year, the pharmacology course is closely integrated with courses in medicinal chemistry and biopharmaceutics. This latter course is greatly emphasized and encompasses all of the factors which influence drug action. The purpose of this coordinated lecture series is to provide the student with a sophisticated understanding of drug action, variability in response to drugs and an appreciation for proper dosage formulation. Prototype drugs are studied in depth at the molecular, biochemical, cellular and whole animal level. Thus upon entering the 5th year clinical courses, the student is prepared to view medicinal therapeutics in the broader context of the patient, his disease and his therapy and their interactions.

Our first experience with this new program was during the Spring Semester of 1969. The second semester of pharmacology laboratory was replaced by classroom evaluations of case histories which had been summarized from medical records. Groups of 3 students were assigned a case which represented a major disease category and asked to prepare 20 minute oral presentations on the disease, the drugs and the clinical course. The cases had been selected on a random basis and no attempt had been made to include only uncomplicated cases. Although a general invitation to attend these presentations had been made to all of the other schools and hospital services, only a few physicians were present but they played an active role in the discussions and offered criticisms where indicated.

It soon became apparent that much had been lost in the preparation of the summarized case histories and students complained of not having access to the patient, and his physicians and nurses. Nevertheless, students cited number of instances where questionable therapy, mistakes and dangerous practices had occurred. For example, a patient in cardiac failure had been overdigitalized and was treated with antiemetics for 5 days before the digitalis dosage was reduced, even though a nurse had been consistantly recording an abnormally slow pulse and the lab results had showed hypokalemia. Another patient experienced several uncomfortable days of postural hypotension because she was being given a double dose of guanethedine as the intern did not realize that Ismelin was the same drug. Another incident had occurred in the E.R. where an unconscious patient was given *stat* insulin in response to a high blood sugar report from the laboratory. Unfortunately the blood had been withdrawn from one arm while 5% glucose was being infused into the other.

Based on the results of this experimental course, the past year's program (Spring, 1970) was changed so that students would have the opportunity of evaluating actual hospitalized cases. This was arranged by having a faculty member of our school (Dr. Fletcher) work on general medical wards in order to experience the same situations that would confront the students and thereby design a workable format. A series of lectures were given on a

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variety of important subjects such as: medical terminology, clinical chemistry, drug interactions, iatrogenic diseases, treatment of the emotionally ill patient, dermatology and drug information. Where possible, experts from the clinics and laboratories provided these lectures which was greatly appreciated by the students.

Each student was assigned a patient who was currently hospitalized and was asked to prepare a written and oral summary of the patient with emphasis on drug therapy. During the 12 hours on the ward allotted to the student, he was expected to observe the patient, take a drug history, attend ward rounds, and answer questions posed by the physicians, nurses or the patient. The summaries were presented in small group conferences which were supervised by members of the pharmacology department.

A number of observations were made during this program; students were initially apprehensive but eventually became enthusiastic about this unusual learning experience. One student devised a novel way of charting medication frequency and dosage which permits instantaneous disclosure of current therapy, missed or wrong doses etc. Students were impressed at seeing drug action first hand such as: the dramatic improvement of parkinson's disease with L-DOPA, iatrogenic Cushing's syndrome from steroid therapy and the loss of hair caused by anticancer agents. Some students enjoyed interviewing patients while others considered this an undesirable task and obtained little information.

During the coming year, the clinical orientation will be provided during both semesters and in the future will also include the summer. The didactic portion of the program will be expanded into a semester of clinical pharmacology which will be presented by physicians and pharmacologists. The organization of this course will be based on major disease categories and include a consideration of the pathology, comparative diagnosis and therapeutics. For example the subject of myocardial insufficiency will be covered by first describing the general process of atherosclerosis, myocardial ischemia, alterations in the ECG and the usual symptoms and complaints. Following this, a comparison of the clinical efficacy of the organic nitrate vasodilators, beta blockers, antihypercholesterolemic agents, anticoagulants and tranquilizers will be made. This latter discussion will include a consideration of untoward effects, potential interactions of the drugs with each other and also with diagnostic tests.

The clinical experience will be lengthened and also extended into clinical specialties such as pediatrics, anesthesia, intensive care etc. In fact, our pharmacy school is providing four "clinical pharmacists" to the hospital who will function full-time in the role expected of students. They will monitor patient charts, go on ward rounds, prepare drug histories and drug profiles, supply information to physicians and nurses, assist in drug administration, prepare intravenous fluid mixtures and determine blood levels of certain drugs for the rational selection of their dosage. Additionally, the clinical pharmacist will conduct a discharge interview with patients to instruct them on the proper use of their discharge drugs. These pharmacists will operate out of areas on the ward which are satellites of the main pharmacy where distributive drug services are handled.

Another related service which has been operating for the past year is a drug information center. This center provides emergency and routine information on many aspects of drugs and is coordinated by clinical pharmacists. It serves as a backup to the pharmacists with ward duty and has been a popular service.

In summary, when the role of the pharmacist is expanded to include clinical responsibility, curriculum changes are necessary to provide an adequate background of knowledge. Pharmacology must be extended from the traditional and somewhat simplistic laboratory situation of 1 drug and an isolated organ to the complex clinical situation of multiple drugs and a diseased patient who has psychological as well as medical needs. It is our conviction that clinical pharmacists, who have a broad and sophisticated understanding of the fundamentals of drug action coupled with proper clinical orientation and experience, can fill an ever-expanding need—that of a clinical *drug* specialist.

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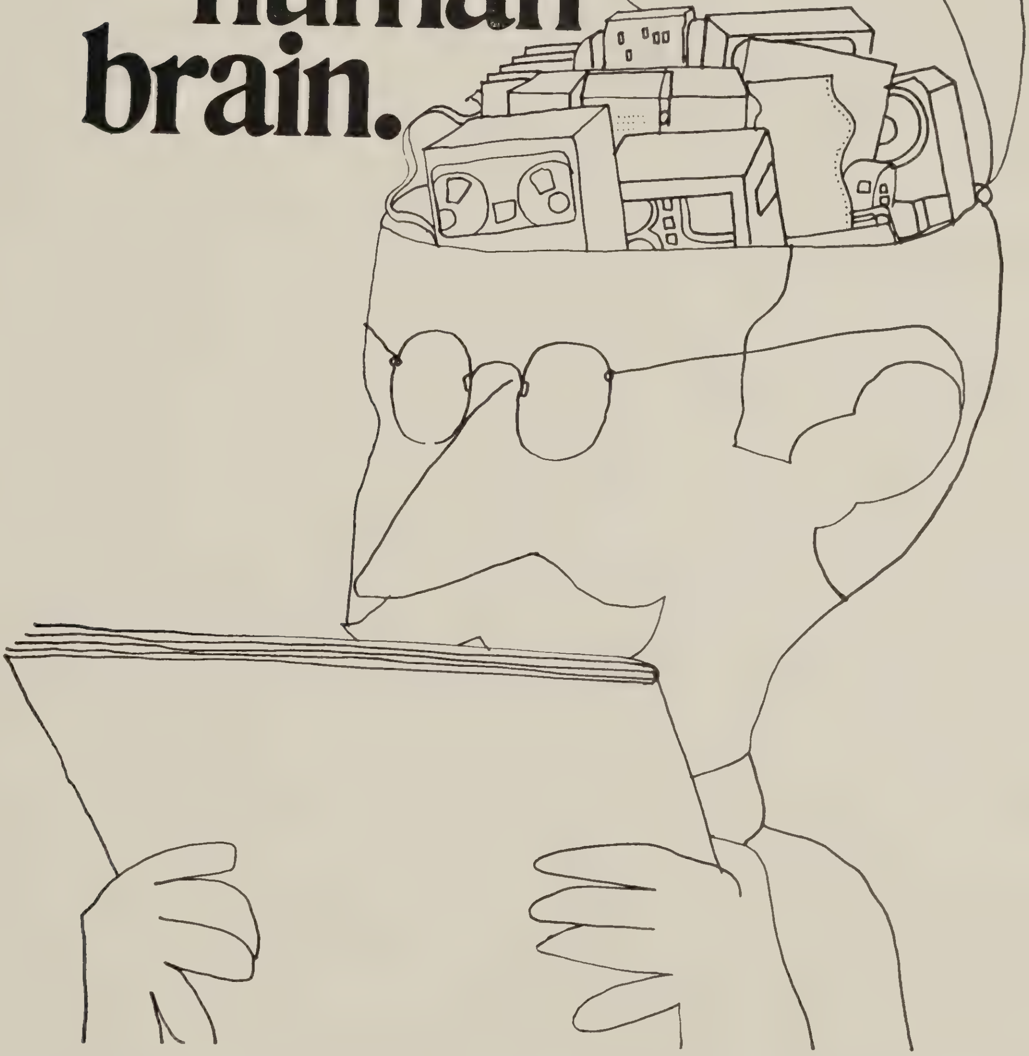

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The Economics of Third Party Prescription Plans

by

Maven J. Myers, Associate Professor of Pharmacy Administration
Philadelphia College of Pharmacy and Science

Presented to the
Maryland Pharmaceutical Association at the
Simon Solomon Pharmacy Economics Seminar,
Blue Crest North, Pikesville, Maryland
November 19, 1970

According to the occupational historians, Carr-Saunders and Wilson, the physician in ancient Greek civilization usually was a slave attached to some rich man's household. Somehow it is difficult for us to conceive of a physician or other professional, including a pharmacist, as a subservient person.

Rather, we conceive of the professional practitioner as a dominant, dictating force in his relationship with his clients or patients. The physician tells the patient he must get more exercise; usually he complies. The attorney tells the client not to bother suing on a particular claim; usually the client accepts this advice. The pharmacist tells the patient to use caution if machinery must be operated while taking an antihistamine; usually the patient complies.

If we return to ancient Greece, we find that several of the other professions—such as accountants, architects, and engineers—were not free lance independent practitioners, but state-employed administrators. Again, it is difficult for one to grasp the concept of a professional practitioner being responsible to someone other than the patient or client. The physician's primary duty is to control the patient's hypertension not to minimize the cost of a government health program; the pharmacist's primary duty is to dispense drug products from sources he has confidence in, not to make sure that the welfare director's budget is met.

Is it possible that third party payment for prescriptions may cause a retrogression of the profession of pharmacy to the status of the professions in ancient Greece? Is it possible that the *independent* practice of pharmacy may become the *dependent* practice of pharmacy?

The Emergence of Associations

Returning to history, we find professions emerging with professional characteristics over a long period of time. One of the professional characteristics which emerged was the professional guilds which evolved into what we, in pharmacy, now generally refer to as pharmaceutical associations. These guilds satisfied several needs of the professions, primarily:

> a chance to associate with professional peers for exchange and advancement of knowledge and
>
> an organized pressure group which could work to achieve public acceptance of the high standards of the profession and reward these high standards through the creation of legal monopolies.

It is this latter purpose on which our attention should be focused. There are a number of reasons why the professions have been able to develop into what are referred to as "legal monopolies," meaning, for example, only a registered pharmacist may practice pharmacy. Not the least of these reasons is embodied in the concept of a profession. Among other attributes, a profession must have a developed body of knowledge possession of which is necessary to effectively perform certain functions.

Because of this, it was only natural that society should want to protect itself from the performance of these functions by someone who failed to possess the requisite knowledge. Few of us, for example, would be willing to have our tonsils removed by the typical cab driver.

Thus, it was relatively easy for professions, particularly those involving important functions (such as health services) to succeed in creating legal monopolies on the basis of the public interest.

A second, and very important contributing factor, may be referred to as a relative apathy on the part of the general population with regard to these claims for legal monopolies. While claims by the professions that these legal monopolies were in the public interest may have effectively quieted some opposition, it is not likely that strong opposition existed. While pharmacists and their associations were vitally concerned with the passage of legislation creating their legal monopolies, the general public had little direct interest in this and, probably at the time, was unaware of the passage of this legislation.

As a historical note, Sonnedecker observes that there is an extremely close correlation in time between the founding of state pharmaceutical associations and the passage of state pharmacy laws, with the latter usually following by a few years, the former.

What thus came into existence in pharmacy and the other health professions were organized, legal monopolies of health providers.

Provider Domination

Attempting to bargain with the organized provider was the unorganized consumer. One can immediately sense the disparity in bargaining power. The provider, backed by and guided by his organized monopoly versus the individual consumer who basically has but two choices:

1. Accept the service on the basis offered by the health professional
2. Do without the service.

This disparity likely is one of the root causes of our so-called health crisis. Our entire health care delivery system has evolved around what is convenient for the health care provider rather than what is best for the patient. Do fewer patients become ill on Sunday than any other day of the week? Probably not, but the availability of health care is substantially less on Sunday.

In the United States, one out of every fourteen dollars of our gross national product goes to pay for health care. This is approximately $60 billion per year and is the highest figure both in terms of per capita spending and share of GNP of any nation in the world. Yet, it is tragic to observe that the United States ranks fifteenth among the nations of the world in infant mortality.

How can we explain these seemingly conflicting data of high spending but low health? The most probable explanation is that health care is not necessarily being provided to those who need it most, but, rather, to those who can obtain it under the conditions providers impose on the system. Thus, providers tend to concentrate in the more affluent suburbs rather than in the ghetto; the person in a high income bracket is more likely to receive care than the person who cannot afford to pay the provider; the person who becomes ill on a weekend usually cannot receive care through the normal channel, but must resort to treatment in hospital emergency rooms. In short, the providers of health care have been in the driver's seat. They have decided to a considerable extent who gets treatment, what kind of treatment they get, and how much they will pay for the treatment.

The Emerging Organized Consumer

And now, for the economics. John Kenneth Galbraith, variously known as a Harvard economist and a Kennedy Democrat, calls his theory, "countervailing power." Basically what he suggests is that when a group gains control of one side of a market (such as the seller's side), there will develop a countervailing or opposing power on the other side of the market. Thus, big labor became organized to deal on an equal basis with big business; farmer's cooperatives organized to deal with the large food processors and most importantly, what we are seeing now are consumers organizing to deal with big health care providers.

We saw "consumer power" at work in 1965 when, after twenty-five years of success, the American Medical Association finally lost out to Medicare. We saw it in the Office of Economic Opportunity Health Centers which were established over the bitter opposition of certain health care providers. Legislators and politicians have begun to learn that consumers vote just as much as health care providers and there are more consumers than providers.

We are seeing it in the growth of third party payment programs for prescription care—Title XIX programs, Blue Cross programs, programs sponsored by certain union organizations, etc. The list is long and growing. Predictions indicate that more than half of your prescription volume five years from now will be paid for through these third parties, rather than through an individual consumer's direct payment.

Whereas in the past, the individaul consumer had no choice but to accept pharmaceutical services as we were willing to offer them, the organization which represents several thousand consumers is not under such restraints. If they dislike our existing system of delivering pharmaceutical services, they simply set up their own dispensary. If legislation interferes with their goals, they lobby, sometimes very effectively, for changes.

Basically, what is happening is that we no longer can, in isolation, control our own destiny without considering the wants of the consuming public and being responsive to those wants. Our power is being offset by the countervailing power of the organized consumer.

But, you may say, "What power? Certainly the A.M.A. was and possibly is a strong power, but organized pharmacy has never had such strength and power that it *could* dictate to consumers."

Unfortunately, you probably would be correct. Among all the major professions, pharmacy probably has the weakest, most poorly financed and most unsupported organizations.

Why do you think there are strong movements to unionize pharmacists, rather than to unionize dentists or physicians? Dentists and physicians can look to their professional associations and find strength and leadership for their professional careers. Pharmacists, unable to find this in many of our state professional associations, are turning to organizations which they know have strength and power—the unions.

Pharmacists looking to national associations of pharmacy-related people find they lack not only strength, but are more likely to be characterized by chaos, conflict and confusion. The continuing imbroglio over the "universal claim form" proposed by the National Pharmacy Insurance Council is an outstanding example of this, and I would like to dwell on it a little later.

Yet, we find consumer power or the consumer lobby as a countervailing power to pharmacy. The reason is simple to find. The countervailing consumer power arose not in specific opposition to pharmacy, but in opposition to the existing health care team.

Organizational Weakness

Pharmacy is a part of that health care team. This is the theme we have been hammering into the public's mind. As members of the health care team, we are a part of the target of this countervailing power. But, perhaps more significantly, we are a most vulnerable target because of our organizational weakness.

As one example, let us look at many of the government-financed Medical Assistance Programs. Many providers receive usual and customary charges for the services they provide under these programs. It was just naturally assumed that the only way these providers would participate in the programs was on these payment terms. And how about pharmacists? Usual and customary might be nice, but the administrator figured he could enroll sufficient pharmacists with a 1/3 markup or a $1.50 fee, so he tried it and he was successful. Pharmacists complain bitterly at the same time they are taping up signs in their windows reading "We fill welfare prescriptions." Round one for the consumer (in this case the taxpayer) as far as pharmacy is concerned.

In round two we get the budget squeeze. Somehow someone underestimated the medical assistance budget (has anyone ever overestimated one?). Cuts have to be made somewhere and the path of least resistance is to reduce the pharmacist's reimbursement by 25c per prescription. Sure, he's going to squawk; but not as loud nor as effectively as other providers.

Unless and until we are willing to give to our professional organizations the support they so desperately need in this time of rapid change, pharmacy will continue to be the victim of the consumer movement when it could actually be its hero.

A second example of our impotence can be found in third party payment contracts negotiated under the

United Auto Workers and similar plans. Specifically, a very sore point is the extremely high deductible, usually $2.00, which is a part of these agreements.

A major selling point in these programs has been that over 20% of all prescriptions written by physicians are never filled because the patient doesn't think she can afford the medication. While this statistic is questionable, its sales value appears sound.

Assuming this figure is valid, it would then seem to be the professional obligation of the pharmacist to utilize whatever reasonable forces he possesses to secure deductibles in contracts at a level which does not inhibit patients from obtaining prescribed drugs. If the average prescription charge of approximately $3.75 in the private market inhibited people from obtaining prescribed medication, how much has been accomplished by replacing this with a $2.00 deductible? Is it likely that many who can't afford $3.75 will be able to afford $2.00?

Pharmacists don't like the $2.00 deductible; presumably patients would prefer a lower figure; but, the $2.00 deductible remains. Someone must favor it.

A deductible which is so high that it discourages utilization of prescription services is, at least in the short run, desirable from the point of view of the one who is footing the bill. It also is desirable from the point of view of the underwriter for two reasons.

First, it makes it easier to predict utilization. If a consumer without prescription insurance were suddenly told she could go out and get all the prescribed medications she wanted "free," there is a fear that the consumer would attempt to take advantage of this and secure unnecessary supplies of drugs, thus significantly increasing the costs of the program. By having "$2.00" drugs rather than "free" drugs, this possible problem is reduced.

Second, it can be an extremely effective tool in restraining pharmacists' requests for increases in fees as costs increase with time. If some pharmacies in the area are discounting the $2.00 deductible by, for example, collecting only $1.00, the underwriter can point to this discounting and claim that the fees being paid are already higher than necessary since at least some pharmacies are capable of operating at $1.00 less than the fee offered.

This symptom represents two underlying basic problems:

1. Our failure to establish the value of complete pharmaceutical services
2. Our willingness to accept anything as long as someone says, "That's the way it has to be because of antitrust."

"Complete" Pharmaceutical Services

You and I know that the patient receiving prescriptions from the pharmacy employing the $1.00 discount on the deductible is not receiving complete pharmaceutical services. Patient medication cards are not being maintained, pharmacists are not taking the time to assure themselves that the patient completely understands the dosage regimen, the patient is not being warned about the concomitant use of OTC products which may affect drug action, etc.

Why doesn't the patient demand this service and why isn't she willing to pay an extra $1.00 per prescription for it? Why don't the carriers insist on the provision of these services? The simple answer is that we have never shown either the patient or the carrier (or some might add, the pharmacist) the value of complete pharmaceutical service. No one apparently has ever given them any reason to believe that there is a value associated with such service.

This must become a top priority of pharmacy if we are to have professional growth in the coming era of prepayment. We must be able to establish, on a cost-benefit basis, the value of complete pharmaceutical services.

Antitrust

The second problem is that of antitrust. Pharmacy has been sensitive to the prospect of antitrust suits, especially since the *Northern California* and related cases in the early sixties. Carriers are especially sensitive now in light of the recent decision in Virginia holding the imposition of a fixed fee by Blue Cross to be in violation of the antitrust laws. Pending appeal and the final outcome, most third party plans continue to employ the fixed fee approach.

What we have seen with the fixed fee is the concept of countervailing power become, in practice, the concept of overwhelming power. As the State Department would say, the balance of power has shifted.

In many cases today the pharmacist cannot economically refuse to participate in some of these programs. One need only look to many areas of Michigan where the auto industry is the dominant employer. It is economic suicide for a pharmacist not to participate in the U. A. W. program in these areas, just as it will become economic suicide for you as this type of coverage expands.

On the other hand, it may be professional suicide for us to participate. If these programs are not willing to reimburse pharmacists reasonably for providing complete pharmaceutical services, the pharmacist either will have to reduce his level of services or operate at a loss. Thus, the economic coercion of the third party becomes a coercion of professional standards.

There does exist one additional alternative; one which makes a great deal of sense, but will require the cooperative efforts of all pharmacists. At the direction of the American Pharmaceutical Association Board of Trustees, Senator Hart has been requested to assist in amending the antitrust laws to permit pharmacy associations to negotiate fees in third party payment prescription programs.

In requesting this assistance, Dr. Apple noted,

> "Clearly, there exists in this situation a monstrously inequitable imbalance of economic power. No single pharmacist or pharmacy is a match for any insurance company, employer or Blue Cross/Blue Shield plan—As a practical matter, it is impossible for either a pharmacist or a sponsor to negotiate individual agreements with over 50,000 pharmacies for participation in such programs. This is not a 'free market' bargaining situation, but one in which pharmacists are captives, forced to participate at the threat of loss of a substantial portion of their practice. Moreover, failure to participate by a significant number of pharmacists leaves them open to charges of 'group boycott' in violation of the antitrust laws."

Clearly there is a need for a modification of the antitrust laws and their interpretation if pharmacy is to be free to concern itself with its professional advancement in the era of third party payment.

A final area which deserves comment in the current environment is the chaos, conflict, and confusion at the national level due to what appears to be a power struggle to determine what group represents "pharmacy" at the national level.

While pharmacy in the past has been able to advance with relatively weak organization and leadership, it has done so because there was very little organized opposition. In the present environment we are faced with potent countervailing powers.

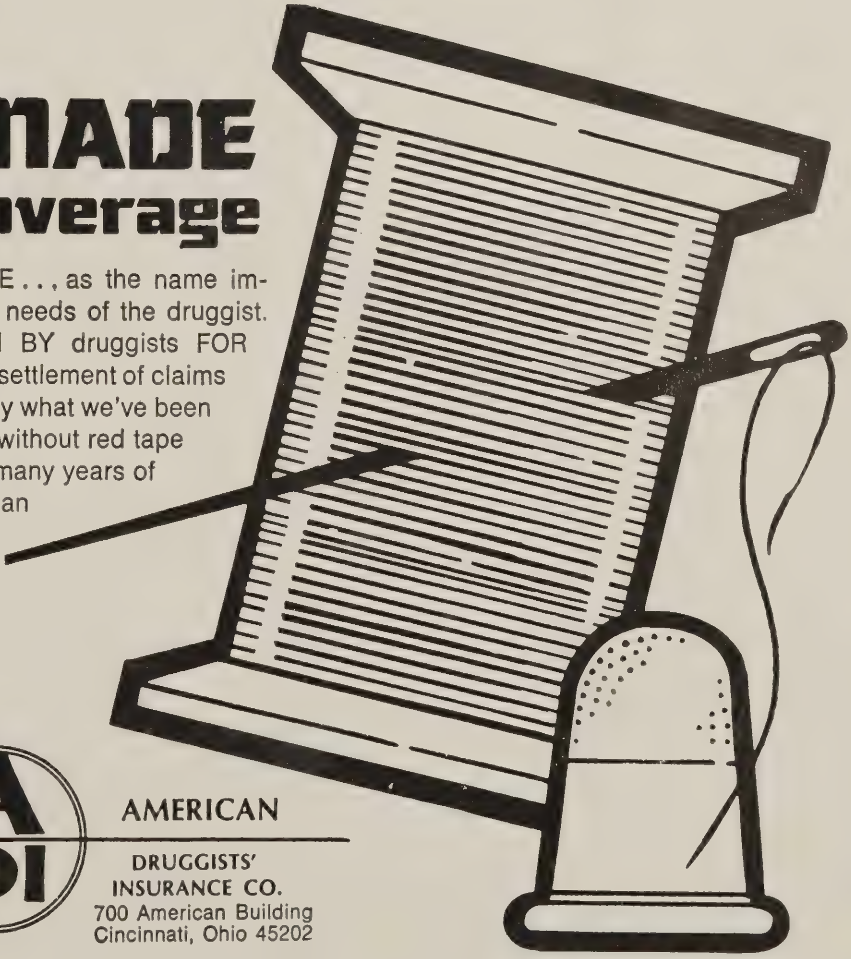
The National Pharmacy Insurance Council was established on a representative basis to provide a unified voice for pharmacy in dealing with third party payment programs. Both the National Association of Chain Drug Stores and the National Association of Retail Druggists have been invited to participate in this organization, with seats on the Board of Governors. I feel we all should strongly urge these organizations to work with, not against, the National Pharmacy Insurance Council.

Pharmacy cannot afford the luxury of being divided internally during this rapid period of change.

Summary

In summary:

1. The organized professions are now faced by organized consumer groups who, in many cases, are dissatisfied with aspects of the current health care system
2. Because of the traditional weak and divided organization in pharmacy, pharmacy becomes an easy target of these dissatisfied consumer groups and their representatives
3. Pharmacy must establish the value of the services it can provide if it is to be adequately reimbursed for those services
4. Modification of the antitrust laws appears necessary if pharmacy is to have power equal to that of the third party groups
5. Pharmacy groups must work through a single organization, such as the National Pharmacy Insurance Council, if we are to fully utilize our influence as providers
6. Pharmacists must increase their support of the unified organizations which represent their interests if these interests are to be advanced.



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MPhA Sponsors Exhibit at Med Chi Meeting

The Maryland Pharmaceutical Association sponsored an exhibit on "Patient Drug Profiles" in the Scientific Exhibit Section at the Annual Meeting of the state medical society (Medical and Chirurgical Faculty of Maryland) held at the Baltimore Civic Center, May 12, 13, and 14, 1971.

The exhibit which received considerable interest from the physicians, was arranged by the Professional Relations Committee under the chairmanship of Sydney L. Burgee, Jr. and stressed the value of medication record systems in helping prevent drug interactions and in contributing to better patient care. Many physicians in attendance signed up for a booklet on drug interactions to be mailed to them by MPhA.

The following pharmacists participated in manning the exhibit: Sydney L. Burgee, Jr., H. Nelson Warfield, Samuel J. Sheller, Charles E. Spigelmire, Donald O. Fedder, James P. Cragg, Jr., Victor H. Morgenroth, Jr., Melvin Rubin, Joseph U. Dorsch, Paul Freiman, and Morris Bookoff.

PRODUCT ANNOUNCEMENTS

Vasodian (Isoxsuprine HC1, Mead Johnson) is now available in syrup form, one pint bottles, 10 mg. per teaspoon, and a 10 mg. tablet unit dose blister pack.

Rifampin, a new drug indicated as an adjunctive in the treatment of pulmonary tuberculosis, was approved for release by the Food and Drug Administration on May 21. It will be marketed by Dow Chemical Co. as Rifadin and by Ciba as Rimactane. Rifadin (Dow) will be supplied as 300 mg. capsules in bottles of 30, 60, and 100. Rimactane (Ciba) also 300 mg. will be available in 100's and 500's. Cost is expected to be about 97 cents per capsule.

Pharmacy Student Exchange Program

The International Pharmaceutical Student's Federation Student Exchange program, sponsored in the United States by the Student American Pharmaceutical Association provides students with the unique opportunity of broadening their professional horizons by observing and working in pharmaceutical establishments in foreign countries.

Numerous applications have been received from U.S. pharmacy students wishing to take part in the Student Exchange Program. In order to complete an exchange, however, a host for a foreign student must be found in the United States for each U.S. student going abroad. Therefore priority is given to students who are successful in locating a host position in their own country.

Host pharmacists normally provide living expenses and/or pocket money although exchange students must pay travel expenses. In most countries it is not necessary to speak the native language. For further information contact Mr. J. Craig Hostetler, IPSF Liaison Secretary, Student American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

L-Dopa Stimulates Secretion Of Human Growth Hormone

Scientists at Duke University have recently linked L-Dopa (levodihydroxyphenylalanine), the "miracle" drug used in treating Parkinson's disease, with increased secretion of growth hormone in such patients.

Since its release by the Food and Drug Administration in June, 1970, L-Dopa has been the focus of attempts to treat Parkinson's disease. An amino acid which can penetrate the blood-brain barrier to reach the central nervous system, L-Dopa aids Parkinson patients by replenishing their depleted supply of dopamine. Although the drug is not effective or tolerated in all cases, regular doses of L-Dopa have produced promising results in a large percentage of patients. Many of these patients did not respond to other forms of treatment.

In this study of 12 patients, Drs. A. E. Boyd III, Harold E. Lebovitz, and John B. Pfeiffer found that moderate doses of L-Dopa produced a rapid increase in the level of growth hormone in the blood. This level gradually returned to normal approximately two hours after the drug was administered.

The scientists found no appreciable difference in the growth hormone response of patients according to the size of the L-Dopa dosage. Nor was the response to growth hormone different in patients beginning L-Dopa therapy and those who had at least six months of continuing therapy, although patients having long-term exposure to L-Dopa took longer to reach the same level of hormone production.

In an attempt to suppress the production of the growth hormone, the researchers administered glucose with L-Dopa. However, this also failed to alter the pattern of hormone secretion.

The mechanism by which L-Dopa activates growth hormone secretion has not been determined, although the researchers suggest several possible mechanisms. Further study of this response to L-Dopa is important because it may help elucidate the normal mechanisms controlling growth hormone secretion. Careful observations of patients in chronic L-Dopa therapy should be made for possible consequences of long-term growth hormone stimulation.

Noxell Sales Executive Named To New Post

John James Meek of the Noxell Corporation has been promoted to National Field Sales Manager, having been Central Area Field Sales Manager, Chicago, since 1967. Before that he was Regional Manager, Cleveland.

A graduate of McKinley High School in Chicago, Mr. Meek attended Northwestern University and the University of Illinois, and has been living with his wife and three children in Mt. Prospect, Illinois. He will relocate to the Baltimore area shortly.

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Simple Test Developed to Detect Digitalis Reaction in Heart Patients

Researchers have developed a fast, simple diagnostic tool using saliva that can save lives by showing when a heart patient is suffering a toxic reaction to digitalis, an effective drug for heart patients that has been in use for nearly two hundred years in the management of heart failure and control of heart rhythm. Occasionally a heart patient, who has been taking digitalis, has an irregular heart beat. He could then be suffering heart symptoms because he needs more of the drug. However, the same signs also can indicate a toxic reaction to the drug itself, in which case the therapy must be changed.

Dr. Stephen Wotman and a team of researchers at Columbia-Presbyterian Medical Center in New York City have developed a fast, simple method using whole saliva that can diagnose digitalis toxicity. The NIH National Institute of Dental Research supported this study as a part of its extensive research program on salivary gland secretions.

Dr. Wotman discovered that the level of potassium in whole saliva rises significantly in cases of digitalis toxicity and that simply measuring the potassium level in saliva can detect this. In a study of 47 patients, he found that the potassium level actually rises in all patients taking digitalis but that the increase was significantly greater in patients with digitalis toxicity than in other patients on this drug.

Program Announced for FIP 31st International Congress

Internationally known scientists from Germany, Great Britain, Italy, Japan, and the USA will present papers at the main symposium of the 31st International Congress of Pharmaceutical Sciences to be held in Washington, D.C., September 7-12, 1971.

The main symposium, to be held Wednesday-Thursday, September 8-9, will have as its theme "Optimizing Drug Activity." The colloquia on "International Reference Standards" will be held on Friday, September 10.

Correspondence relating to the Congress should be addressed to George B. Griffenhagen, Secretary, Organizing Committee, 31st International Congress of Pharmaceutical Sciences, c/o American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037.

Adolescent Unit Started at University Hospital

With the appointment of Dr. Felix P. Heald as director of the new division of adolescent medicine at the University of Maryland School of Medicine, this institution has become the sixth in the United States to conduct training and research in adolescent medicine. University Hospital's new north hospital wing, now under construction, will devote its eighth floor to the specialty of adolescent medicine.

As Dr. Heald explains it, the teen-ager has been shuffled from ward to ward in medical centers. Sometimes he is cared for by the department of pediatrics. Other times he is treated in adult wards. The whole idea of adolescent medicine is a young one. Dr. Heald says that there are already a number of pediatricians who limit their practices to the adolescent.

NIH Doubling Research On Oral Contraceptives

Spurred by a shortage of basic information about the effects of oral contraceptives, the Center for Population Research of the NIH National Institute of Child Health and Human Development plans to more than double its expenditures for research in evaluation of contraceptive methods.

Funds for methods evaluation research rose from $1.6 million for fiscal year 1970 to $3.5 million in fiscal year 1971. The evaluation program will emphasize investigations of the pharmacological properties of various estrogen-progestogen combinations in varying doses, with the aim of improving the clinical safety and efficacy of these widely used drugs.

To administer the enlarged program, the Center has formed a new division, the Fertility Regulating Methods Evaluation Branch. The Branch will be under the direction of Dr. John Schrogie, a clinical pharmacologist and former research division director of the Food and Drug Administration. The research program will explore doses, unique properties, and effects of oral contraceptive components, to determine whether equally effective or safer formulations can be developed. A secondary goal is to study the side effects of presently available formulations with as much precision as possible. Methodolgy for doing this has improved greatly since the oral contraceptives were introduced ten years ago.

Shifts in the Drug Industry

The 1967 Census of Business shows a continuing trend toward increased sales through a smaller number of retail outlets. Between 1963 and 1967, the retail drug industry also followed the trend toward fewer and larger outlets. Chain drug stores, between 1963 and 1967, increased their share of total drug sales from 26 per cent to over 33 per cent while the total number of chain outlets increased only 2.5 points—from 8.4 per cent to 10.9 per cent. In sharp contrast to this trend, large independents increased in number by 41.4 per cent, while showing gains in sales volume similar to those of chains.

Study of Independent Drug Stores Completed

A perceptive study of "Independent Drug Stores" prepared by the Bank of America and released as part of its series entitled "Small Business Reporter" shows that initial inventory and fixture costs for a 3,000 square foot community pharmacy with a projected annual volume of $150,000, fall within the range of $37,000 to $53,000.

Initial inventory and fixture investment for a super merchandising drug store of 7,000 to 12,000 square feet, is estimated between the range of $70,000 and $135,000. The number of independents in the U.S. has dropped from 46,550 to 38,000 in the last decade, the study notes, despite an overall growth in the retail drug market from $7 billion to $12 billion during the same time. Chains, with an increase in units from 9,000 to 15,000 in 10 years, have captured a large share of the retail drug market, according to the study.

let's get down to brass tacks

Two giant product shows each year

Gilpin offers continuing programs of merchandising ideas to its customers. The highlights of this plan include our January product show featuring summer goods, and our July-August presentation emphasizing fall and gift selections. Dates for this year's fall and gift merchandise show are as follows: For BALTIMORE-WASHINGTON-DOVER: JULY 18th-25th—Gilpin Baltimore Division, 7401 Pulaski Highway, Baltimore, Maryland. For the TIDEWATER REGION: AUGUST 1st-8th—Gilpin Norfolk Division, 6435 Tidewater Drive, Norfolk, Virginia. Please mark down these dates. We know you'll want to attend. Contact your Gilpin representative or Division Sales Manager for more details and to make your appointment.

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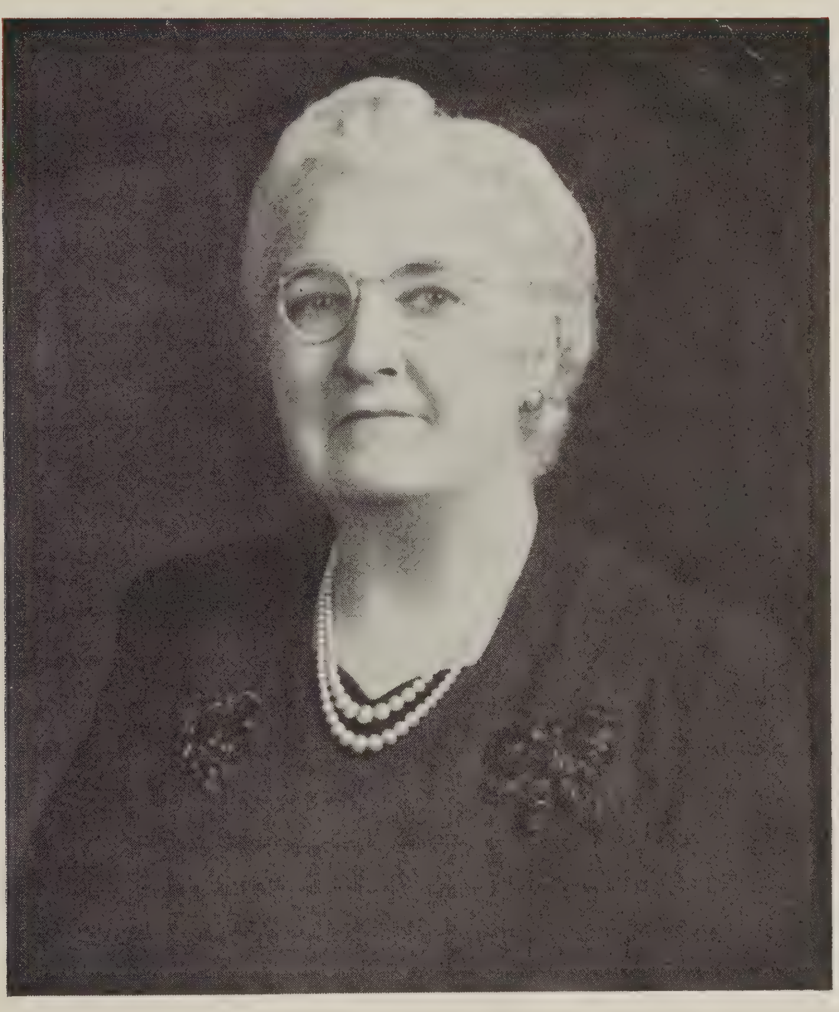
the maryland pharmacist



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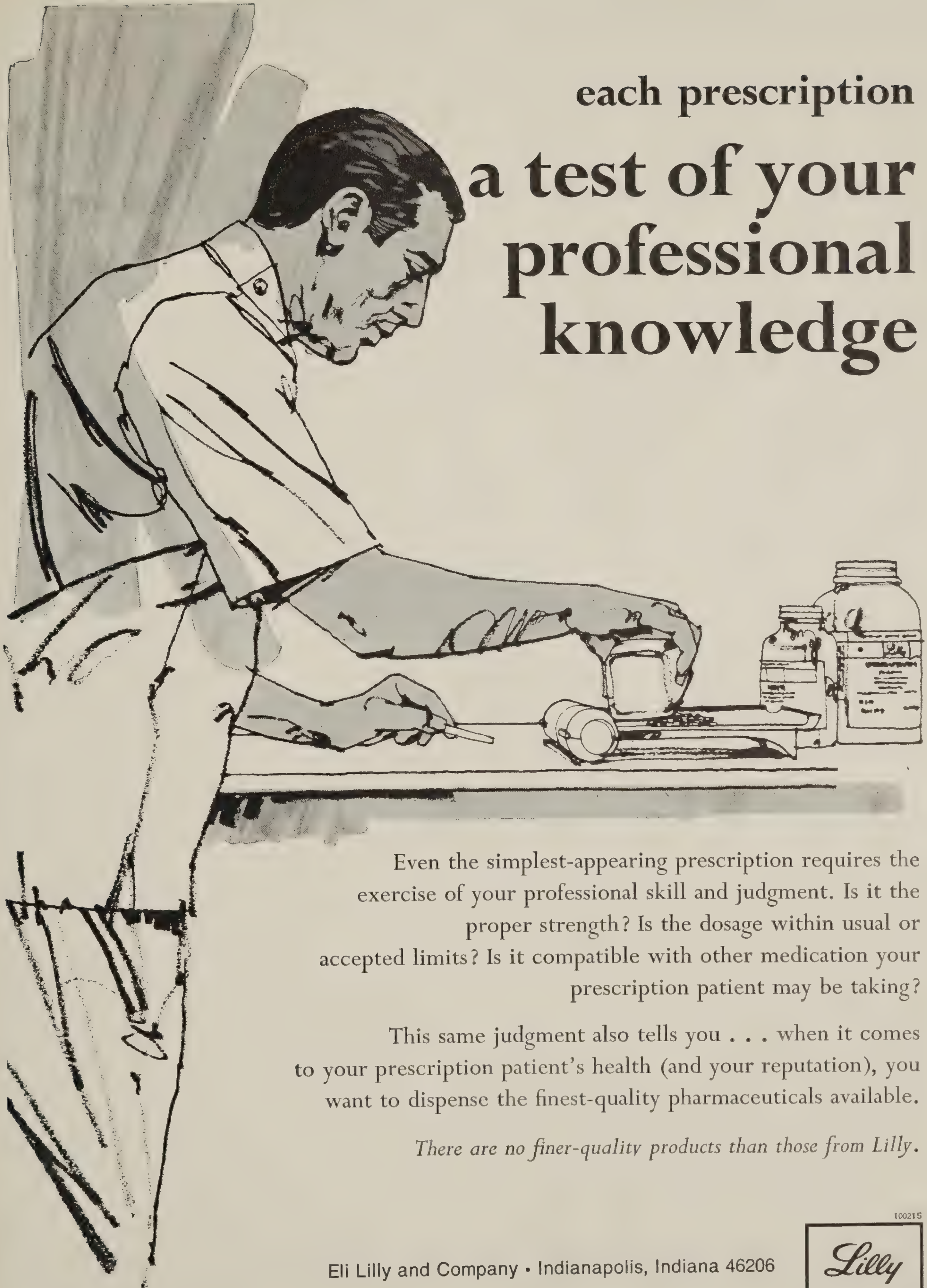

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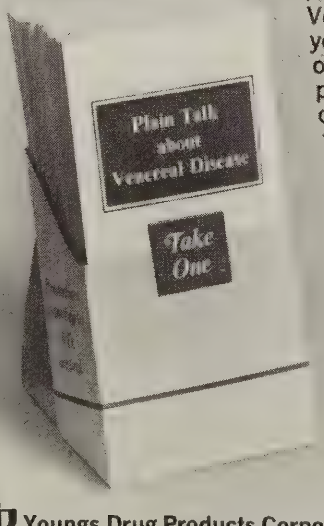

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Editorial . . .

Innovation in Health Care – Will Pharmacy Be Able To Act?

Every gathering of two or more pharmacists inevitably lends to a discussion of the changes in pharmacy and the many problems confronting the profession. There are always references to the impact of the third-party payment prescription programs, hospital-affiliated health centers, the interrelated growth of chain (and supermarket) pharmacies with the decline in independent practice and so on, ad infinitum.

But perhaps the greatest impact upon pharmacy will come from "health maintenance organizations." These are groups designed to develop innovative alternative systems of organizing, delivering and financing health care.

Their aim is to utilize the private sector to the maximum extent, using both governmental and nongovernmental funds. An example is the Maryland Health Maintenance Committee, Inc. Its statement of purpose says: "One approach that holds definite promise of strengthening access to health services, cost containment, and assurance of quality is prepaid group practice . . . Prepaid group practice can function in a variety of organizational forms; however, there are certain basic concepts which constitute this delivery system: a prepaid plan with a broad scope of benefits, the group practice of medicine, integration of ambulatory, impatient, and other comprehensive patient services, enrollment on a voluntary basis with choice of other systems available, and reimbursement by capitation."

This committee seeks "to promote, assist, and provide linkages for development of a network of geographically distributed, autonomous, community-based health centers as a viable alternate system of health care delivery. The committee believes that uniform basic benefit programs and compatible medical information and administrative systems would enable individual group practice facilities to attract enrollment from the organized group market (i.e., labor unions, federal, state, and local governments and other employer groups) as well as beneficiaries of public programs (such as Medicaid and Medicare). Both the purchasing groups and the prepaid group practice centers will be served by insurance carriers and other payer organizations who can offer the group practice network benefit packages as a *single*, clearly defined option to conventional programs."

Here we see a group made up of private and government agencies, professional societies, labor unions, health professionals and others interested in the delivery of health services joining together. With the recognition of the importance of this kind of an approach to the problems of medical care, the MPhA Board of Trustees has agreed to participate in the Maryland Health Maintenance Committee.

There are, of course, many other organizations in Maryland that are involved in health planning and in establishing new ways of providing for the health needs of the community. If pharmacy is to be a viable element in the emerging new patterns for expanding accessibility to comprehensive health care, we obviously will have to be active participants in every effort involving health.

Are pharmacists prepared in attitude and orientation for innovations? There is an urgent need for many pharmacists to be prepared to contribute to the work of these organizations. In addition, the Maryland Pharmaceutical Association should be in a position to have sufficient staff available with special training and background to enable MPhA to provide the leadership and input into the many private, group and governmental programs which already exist and are now proliferating at an increasing rate.

Here is yet another critical challenge that must be faced by pharmacy—a challenge that can be met effectively only by a representative professional pharmaceutical society that is properly supported by those who have the most at stake—pharmacists!

Time is growing short. Let us hope a positive response will come in time.

—Nathan I. Gruz

DID YOU HIRE A NEW PHARMACIST LATELY? . . . OPEN A NEW BRANCH? . . . GET ELECTED TO OFFICE IN YOUR SERVICE CLUB OR SOCIAL ORGANIZATION? . . . BECOME ASSOCIATED WITH ANOTHER PHARMACY?

WE WOULD LIKE TO KNOW—AND SO WOULD OUR READERS. WHY NOT DROP US A LINE AT THE MPhA OFFICE TODAY.

PHARMACY CALENDAR

September 7-12—31st International Congress of Pharmaceutical Sciences of the FIP, Washington, D.C.

October 1-4—31st Annual Convention of the American College of Apothecaries, Hunt Valley Inn, Hunt Valley (Baltimore), Maryland.

October 10-14—National Association of Retail Druggists Annual Convention, The Rivergate, New Orleans.

October 16-21—National Wholesale Druggists' Association Annual Meeting, Century Plaza Hotel, Los Angeles.

December 12-16—American Society of Hospital Pharmacists Sixth Annual Midyear Clinical Meeting, Washington, D.C.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

AMPHETAMINE REGULATIONS

Amphetamine and methamphetamine drugs, alone or in combination, have been reclassified from Schedule III to Schedule II drugs as of August 6, 1971. The change affects some 100 single entity and 300 combination products. Full lists of these drugs appear in the July 17 issue of the *APhA Newsletter*.

MORE PHARMACIES CHOKE TO DEATH THAN STARVE TO DEATH

HERE'S WHAT INVENTORY TURNOVER MEANS TO PHARMACY OWNERS:

Lilly Digest statistics indicate that the turnover ratio in pharmacies directly influences the proprietor's total income. The high turnover pharmacies generated **over $6,700.00 more income** than the pharmacies with low turnover and their **inventory investment was only 37%** of that of the low turnover pharmacies.

Annual Turnover Ratio	6.7 times	2.4 times
Inventory Value	$ 19,434- 9.7%	$ 51,862- 25.9%
Sales (Weighted)	199,515-100.0%	199,515-100.0%
Cost of Goods Sold	129,284- 64.8%	124,785- 62.5%
Gross Margin	70,231- 35.2%	74,730- 37.5%
Employees' Wages	20,890- 10.5%	25,481- 12.8%
Rent and Miscellaneous	20,589- 10.3%	27,222- 13.6%
Total Income (Proprietor's Salary and Net Profit)	$ 28,752- 14.4%	$ 22,027- 11.1%
	30.5% more income	

Source: The Lilly Digest 1970
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In Memoriam

B. OLIVE COLE

Dr. B. Olive Cole, well known to more than two generations of pharmacists as a unique personality in pharmaceutical education, died on June 5 at the Maryland General Hospital after an extended illness. She was an Honorary Member of the Maryland Pharmaceutical Association and Baltimore Metropolitan Pharmaceutical Association.

Doctor Cole, 87, was Professor Emeritus of Pharmacy Administration at the University of Maryland School of Pharmacy. Born in Mount Carmel, Baltimore County, Doctor Cole was the first woman to hold a full professorship at the School of Pharmacy, earning the distinction in 1948. She also is believed to be the first woman to hold a full professorship at any school of pharmacy in the United States. In 1948 and 1949 she was acting Dean of the School of Pharmacy and the first woman ever to hold that position.

She was graduated from the Baltimore Business College in 1903 and the University of Maryland School of Pharmacy in 1913. Ten years later she became the first woman graduate of the University's School of Law, specializing in the legal aspects of pharmacy. She also attended evening classes at the Johns Hopkins University where she pursued studies in English, history and economics.

From 1916 until 1920 she worked as a pharmacist in Washington after which she was appointed an Associate Professor of Botany and Materia Medica at the University of Maryland. She retired from the University in 1953.

Doctor Cole wrote a number of articles on the history of pharmacy and also wrote histories of the University of Maryland School of Pharmacy and the Maryland Pharmaceutical Association. The latter was completed in 1957.

Doctor Cole was a life member of the American Pharmaceutical Association. She was a charter member of Epsilon Chapter of Lambda Kappa Sigma Sorority.

She served as President of the Baltimore Branch of the American Pharmaceutical Association in 1935 and was Secretary of the Alumni Association of the University of Maryland School of Pharmacy from 1926 until 1953. She was also a charter member and Past President of the Quota Club International, the only woman member of the Baltimore Veteran Druggists Association and a charter member of the University of Maryland chapter of Rho Chi Society.

In 1966 in tribute to Doctor Cole the Maryland Pharmaceutical Association established the B. Olive Cole Pharmacy Museum in the Kelly Memorial Building. The museum contains antique apothecary equipment, most of it obtained from the collection of L. Manuel Hendler. A number of pieces also were collected by Doctor Cole and some of her former students.

In 1953 Doctor Cole received the Honored Alumnus Award of the University of Maryland School of Pharmacy.

Survivors include 11 nieces and two nephews.

Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of June:

New Pharmacies

None.

No Longer Operating As Pharmacies

Read's, Inc., Arthur K. Solomon, President, 5857 York Road, Baltimore, Maryland 21212.

Big Valu Family Pharmacy, James Cooke, President, 100 Governor Ritchie Highway, Glen Burnie, Maryland 21061.

Allentown Drugs, Richard J. Schneider, President, 6325 Allentown Road, Camp Springs, Maryland 20031.

L and M Pharmacy, Inc., Frank F. Cwynar, President, 703 Baltimore-Annapolis Boulevard, Glen Burnie, Maryland 21061.

Drennen's Pharmacy, J. Holly Drennen, 8 South Main Street, Port Deposit, Maryland 21904.

Change of Ownership, Address, Etc.

Hancock Pharmacy, Adolph Baer, President, (Chang of ownership), 39 West Main Street, Hancock, Maryland 21750.

Pacifier Regulations

The first regulations in the nation governing the size, sale and distribution of pacifiers were adopted July 1 by the State of Maryland Department of Health and Mental Hygiene.

The regulations were approved after a public hearing conducted by John J. Appel, Jr., Chief Hearing Officer of the Department of Health and Mental Hygiene.

Appearing on behalf of the Department of Health and Mental Hygiene was Mrs. Beatrice Weitzel, Executive Assistant to Dr. Solomon, who urged that for the protection of children who cannot help themselves, the regulations be adopted. Mrs. Weitzel also reported that the Maryland Pharmaceutical Association had requested that she announce the Association's support for the regulations.

Francis S. Balassone, Chief of the Division of Drug Control, Environmental Health Services, whose agency will eventually be the regulation enforcement authority, also appeared. Mr. Balassone reported approval for the regulations from the Medical and Chirurgical Faculty of Maryland and the Maryland Nurses Association.

The standards for the pacifiers contain these requirements: the minimum width of guard must not be less than 42 mm (approximately one and three quarter inches), if made of collapsible soft plastic. If made of rigid plastic material, hard rubber or other non-breakable hard material, the guard must not be less than 38 mm (approximately one and a half inches). The handle must be hinged or collapsible.

Dr. Neil Solomon, Secretary of Health and Mental Hygiene, had earlier stated that significant evidence has been produced to show that pacifiers below these dimensions pose a serious threat to children.

Mangini can tell you what you have.

Within 1%

Many pharmacists often estimate their inventory by relating purchases to sales.

In today's competitive climate and with the cost of merchandise continuously rising, these estimated gross profit figures can be misleading. In fact, this can be extremely costly to the pharmacist who, unaware of his shrinking inventory and gross profits, is actually paying a higher income tax than he should.

So why guess? Call Mangini for fast, computerized inventory service that will tell you within 1% how your inventory realistically stacks up to your turnover, sales and profits!

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575 Savin Ave., West Haven, Conn. 06516
5501 Cherokee Ave., Alexandria, Va. 22312

INSTALLATION ADDRESS

Nathan Schwartz, President

Annual Banquet

May 17, 1971

Hunt Valley Inn, Cockeysville

An astute statesman once said that a speech to be immortal need not be eternal. Tonight my remarks will not fall into either category. Nor will I insult your intelligence by giving you the usual act about being humble for in reality, my friends, humble people neither aspire to nor ascend to the presidency of either the country, the senate, civic organizations or the Maryland Pharmaceutical Association. A year from now after attempting to deal with the national and local issues facing our profession, I may stand before you and say that I am humble, but not tonight.

I take the helm of this organization at a time in our history when the improvement and availability of health care services occupies the attention of us all. Now comes a new era, new problems and new opportunities. The drug store has changed from a "ma and pa" store to a significantly large merchandising unit in one-stop shopping centers or, in some cases, large professional pharmacies. Some people say that what has happened is a "splitting with tradition" or "breaking with the establishment." I say it is becoming part of the times. Some people say it's revolutionary; I say it is evolutionary. However, whatever one calls it, it inevitably means one thing —change! I think Margaret Mead's definition of change says it all—"No man will live in a world into which he was born — no man will die in a world in which he lived." Change is inescapable; and if this premise is correct as any successful person must surmise, then with the change will come *challenge.*

"Challenge!" is the key word in the year to come. What were acceptable practices in the past are fast being laid to rest, and in its place are failing ideas, methods and dealings which are making today's business market fraught with danger, tingling with excitement and spectacular with innovation.

I call upon state, local and municipal governments to utilize some of the most brilliant, diligent, multitalented and clear-thinking people in the state in capacities for which they are so well suited. In the fields of drug abuse, planned parenthood, Medicaid, Medicare, third-party systems and venereal disease, pharmacy leadership should not have to remind government to include us in their programs. They should be coming to us.

We are afraid to blow our horns, to claim our virtues, to hold our heads high and say, "We are the greatest." My challenge in the year ahead is to convince you to believe in yourselves. Pharmacy has become the "whipping boy" of many. We are beset by lawmakers, news media and political aspirants because we are splintered. It is of upmost importance that the chain operator, the chain pharmacist, the independent pharmacist and the hospital pharmacist realize that the problems of pharmacy affect all of us. We are entwined and interdependent. We must combine knowledge, experience and opinion and come up with new ideas to best benefit our entire profession.

I hope to justify your faith in me by doing all in my power to advance the cause of pharmacy. I ask all of you to work with me for the good of pharmacy, and in so doing we shall maintain our faith and our pride in our profession.

"Divided there is nothing we can accomplish — united there is nothing we cannot accomplish."

Convention Reports . . .

Report of 1970-71 MPhA President

Donald O. Fedder

With mixed feelings I stand before you this morning to report to you on my year as president. As many of my predecessors have noted, the year has flown, and there remains so much yet to be done.

The year began for me as an active candidate for the House of Delegates, 2nd District of Baltimore County. With the encouragement and support of many but without a political base, I entered the no man's land of a political campaign and emerged some 13 weeks later a bit battered and bruised but none the less for wear. Both you and I learned much from this and from the campaign of Arnold Amass—the importance of strong, disciplined political action and the need for commitment in terms of money and active participation. Incredibly, numbers of people will vote for a candidate simply because they are asked to vote for him by a friend or neighbor.

We learned that politically friends are friends as long as there is need for support. When that need ceases, a cold, calculated, jaundiced eye is applied to that friendship, and changes are often made. We have learned the rules used to win. Whomever we support in the future will benefit from these lessons.

During this year I visited every local association with the exception of the Allegeny-Garrett Pharmaceutical Association. I found the interest in what was happening genuine and refreshing. Our most frequent complaint was the lack of communication existing between local and state associations.

I am happy to report that "The Maryland Pharmacist" has been appearing with a degree of regularity. I would like to commend the Editor and particularly the Assistant Editor, Normand Pelissier, for their hard work. I would like to now see a qualitative improvement in our state journal. Such items as regular reports of the actions of the Board of Trustees, the officers and a frequent report of the activities and projects of the local organizations would be most welcome.

The most significant achievement in the past year has been the affiliation of our local and state organizations with the American Pharmaceutical Association. Over the past four years we have made steady progress in solving some of our organization's problems. In the sixties we were constantly plagued by divisiveness between local and state associations. At times we went to the legislature divided. Frequently we wasted precious man-hours and resources, duplicating efforts or just "spinning wheels."

Some groups became little more than fund raisers without goal or purpose.

This year pharmacy in Maryland has reached a degree of maturity. You have said, "Enough with wasted resources; enough with spinning wheels!" One by one, every local organization has affiliated with the Maryland Pharmaceutical Association, and in April, I was quite proud to stand before the American Pharmaceutical Association Convention in San Francisco to accept the affiliation certificate that you, in your maturity, overwhelmingly endorsed.

We now have established the conduit—the pipeline—through which ideas and policy decisions can flow. The rest is up to you. Action initiated locally can be swiftly directed through the state association to the APhA, developing meaningful input and support from others, and action will result.

With the establishment of the House of Delegates we have another needed organizational improvement, one in which participatory democracy can be made workable. I must emphasize, however, there is no guarantee that this will assure you a role in shaping policy in this association. The only way this role can be assumed is for you all to work, to participate, to investigate the facts of each issue and to be informed. Electing delegates is not enough; they must attend the meetings of the House! Yet attendance is meaningless without active participation in the development of ideas and in decision making.

You, the membership, must make a personal commitment to yourself and to your profession. Let your representatives know your problems and your suggestions for their solution. Only then can our organizational framework develop to the maturity that we all need and want . . .

Yesterday, we had reports of the many committees of this association, and I will not repeat them today. As you can see, we had a busy year, with many accomplishments and some glaring failures. If I can leave you with any message today, it would be not to accept "progress" reports on face value. We must be ever wary of the very human tendency to accept the status quo and to allow mediocrity to go unchallenged so that progress is retarded. We have in us the power to excel! What is needed is the will to excel!

We the membership of MPhA must be constantly in pursuit of excellence in our leadership and in our goals.

Only then can we fulfill our mission—that of providing strong, well-informed direction to promote public health and to assure progress of the profession of pharmacy.

Constitution and By-Laws Committee

Melvin J. Sollod, *Chairman*

This year the changes in our Constitution and By-Laws will have the greatest effect on the structure of our organization since its inception. In the future we will have a new House of Delegates which will expand the number of people determining the policies of the organization.

The new Board of Trustees will replace the Executive Committee. This smaller group will be charged with carrying out the mandates of the House of Delegates. Mail balloting will insure participation by all members in the election of officers.

A requirement for membership is that the new applicant be a member of the APhA. All local pharmaceutical associations are represented in the House of Delegates as are the Maryland Society of Hospital Pharmacists, University of Maryland School of Pharmacy and students at the School of Pharmacy.

Medicaid Committee

Nathan Schwartz, *Chairman*

When the Annual Convention was held in July 1970 in Atlantic City, a list of 10 proposals regarding Medicaid was drawn up, voted upon and approved by membership. These proposals were then submitted to the Department of Health and Mental Hygiene.

As of this date, one of these proposals has been approved and implemented, the adoption of a three-part prescription form. Although the Department of Health included a request for an increase in the Medicaid prescription fee, the Budget Department deleted it. Our efforts to obtain more equitable compensation, a minimum base fee and a maximum prescription total have been unsuccessful.

We shall continue in our endeavors by requesting further discussions with other responsible personnel.

Simon Solomon Pharmacy Economics Seminar

Alder Simon, *Chairman*

The 1970 Simon Solomon Seminar was held from 9:30 a.m. to 4 p.m. on November 19, 1970, at the Warren House Motor Inn in Baltimore.

The registration fee of $15 included morning coffee and buns and a prime rib luncheon. Guest speakers from Chicago, New York, Philadelphia and Baltimore were featured.

The morning program was devoted to "Discounting" applicable to the retail pharmacy. Our panelists were Richard Schott, President of Merchants Buying Syndicate, the leading hard goods resident buying office in the United States, and Allen (Bud) Levis from Chicago, a supermarket consultant and analyst. Immediately following the discussion the chairman moderated questions directed to our panelists. Our luncheon speaker was Dr. Maven J. Myers, Associate Professor of Pharmacy Administration, Philadelphia College of Pharmacy and Science, who spoke on "The Economics of Third Party Payment." Following lunch, Dr. Dean Levitt, Head, Department of Pharmacy Administration and Associate Professor, University of Maryland School of Pharmacy, spoke on "Inventory Management" and then moderated a question-and-answer period. Our concluding speaker of the day was Raymond A. Gosselin who discussed, "Is There a Profit in Prescriptions?"

Those who attended the seminar acclaimed the day as well worth the time and the fee. A tremendous amount of information not normally available to the retail pharmacist was disseminated in a form applicable to the smallest store.

A total of 70 registrants were in attendance, and expenses exceeded income by $343.10.

Public Relations Committee

Charles E. Spigelmire, *Chairman*

If we are to survive as a profession, we must unite all parts of our profession. Pharmacists must also realize that the needs of the public must be recognized. I can assure each and every one of you that no one is more cognizant of these situations than the members of your Public Relations Committee. This is why your Public Relations Committee attempts to instill in the minds of the consumers that the community pharmacist is truly their best neighbor.

We try to create an image that makes you feel proud to be a pharmacist and strive to develop an air of permanency and stability for pharmacy in the community. We have used radio, television, newspapers and public appearances to stress the role of pharmacy in public health and welfare. In a sincere effort to help your customers obtain a comprehensive and intelligent explanation of many health subjects your association is again offering you an opportunity to create complete and diversified Health Information Centers in your stores. Through the efforts of our Executive Director, Nathan Gruz, we have been able to obtain a custom-made pamphlet rack which will hold about 20 different pamphlets. This rack may be obtained from your association for $15. Many pamphlets may be obtained from the State Department of Health free-of-charge. The success of the Health Information Center depends upon you. You must keep it filled with pamphlets. You must keep it neat and clean, and you must place it in a prominent spot in your store.

Your Public Relations Committee has organized health groups to participate in Poison Prevention Week. As a result the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, the Baltimore Safety Council, the Baltimore City Health Department and the Maryland Academy of Pediatrics have contributed time, ideas and advice to help you conduct one of the most successful Poison Prevention Weeks since the inception of this public safety activity.

Be kind to your feet, and they will be good to you. During Foot Health Week we presented Dr. Michael Sherman, a prominent Baltimore podiatrist, on our radio program who discussed how important good foot care is.

During National Children's Dental Health Week Dr. Stephen Overbeck explained the importance of beginning dental care at an early age. Doctor Overbeck also stated that materials needed for child dental care can be purchased in our community pharmacies.

Have you ever seen a small child suffering with tetanus? If you have, you would have been deeply impressed with our program on "Tetanus Prophylaxis." On this program we presented Dr. Robert E. Martin who discussed the disease—how to avoid it and how to treat it. He discussed the drugs and serums used in prevention which are available in drug prescription departments.

One of our most outstanding human interest programs was the one on alcoholism. On this program we presented a member of the Baltimore Area Council on Alcoholism who explained the educational work being done by the Council in curbing alcoholism. Of course, he informed listeners that prescription medication used in rehabilitation is available.

Our radio program during Pharmacy Week was developed to inform listeners of the tremendous interest the pharmacist has in their safety and welfare. The educational background of the pharmacist, the work and expense involved in opening a pharmacy and the laws and regulations governing the practice of pharmacy were described.

During Diabetes Detection Week your Public Relations Committee cooperated with Dr. A. A. Silver, Chairman of Diabetes Detection Week activities. Our weekly radio program was dedicated to this project. Recently we had Dr. A. A. Silver on our Best Neighbor Program to make an appeal for funds to help rebuild Camp Glyndon for Diabetic Children. The destruction of this camp amounted to approximately $50,000. We have distributed over 500 Camp Glyndon donation containers to our pharmacists in an effort to raise money for this worthy cause.

For many Sundays during the past year at 10:30 p.m. our Association had the benefit of a 15-minute radio broadcast over radio station WCAO. On these programs we discussed many facets of pharmacy. Time and space do not permit me to describe each radio program presented during the past year, but I can assure you that these programs will always say that the pharmacist is, has been and always will be the public's best neighbor.

For their cooperation I would like to thank Mr. Byron Millenson, Manager of Radio Station WCAO; Mr. Charles Purcell, Public Service Director WCAO; and Miss Harriet Goldberg, Program Director at WCAO. Our achievement during the past year is the culmination of the cooperative efforts of many wonderful people. The magnificent spirit exhibited by this committee made the heavy burden seem light. The brilliant results obtained in our work were due to the untiring efforts of everyone who gave of their time and ability whenever they were called upon. For his ideas and encouragement I want to particularly commend our Executive Director, Nathan Gruz. For their kindness and cooperation I sincerely thank Mrs. Martha Eckhoff and Miss Hazel Pfister.

Your Public Relations Committee can tell the people all of the many good things about pharmacy, not boastfully but proudly, because pharmacy is a profession of which the whole world can justly be proud. People do not know unless we tell them. We can tell them by our actions in serving them each day in our stores. We can tell them as we talk with them. There is no need to glorify pharmacy. The honest story is enough, but we must do the telling. If we do not, who will?

Swain Seminar Committee

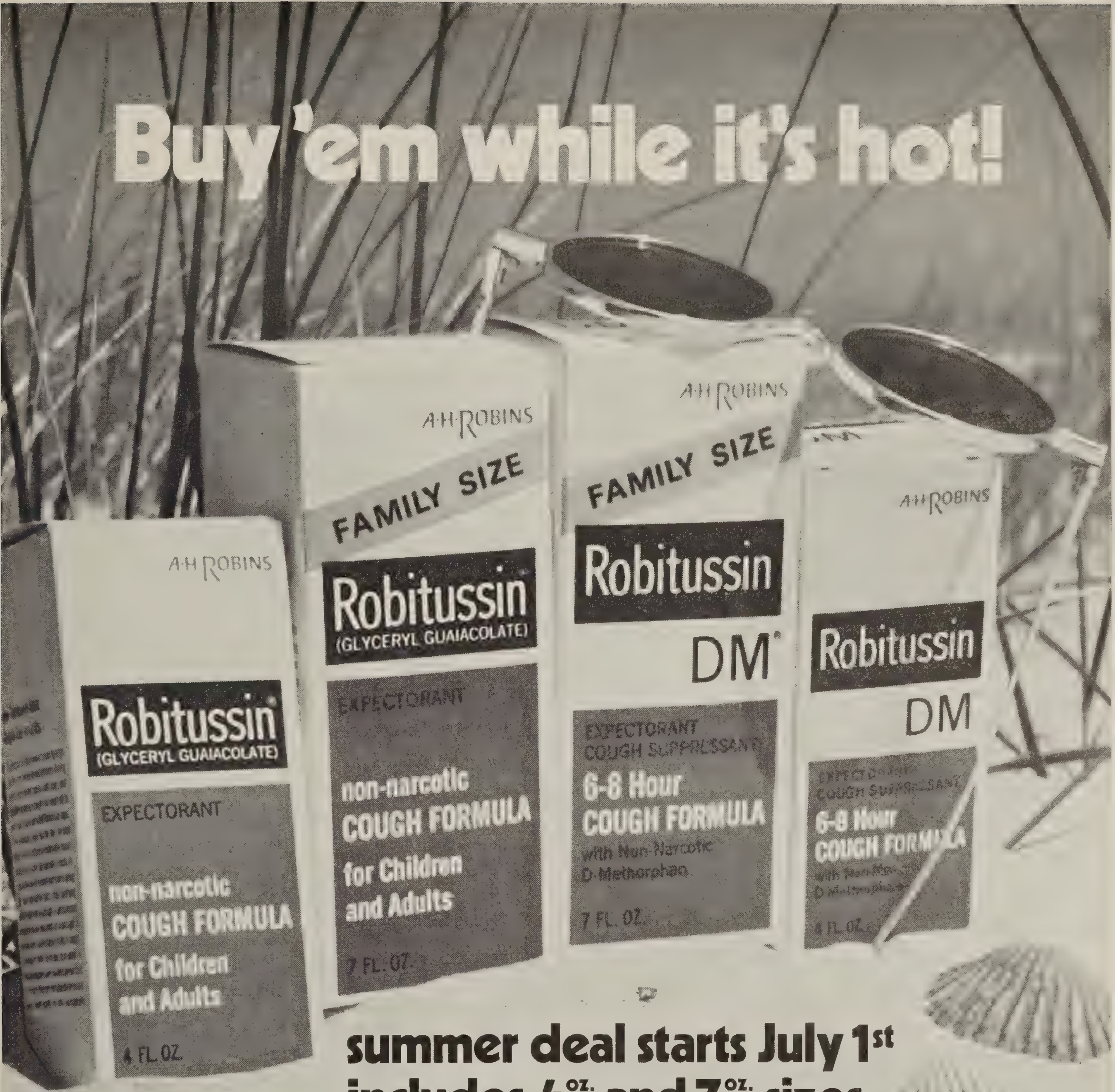
June H. Shaw, *Chairman*

The 11th Annual Robert L. Swain Seminar was held on Thursday, February 11, 1971 at the Good Samaritan Hospital under the joint sponsorship of the MPhA and the MSHP. The theme was "Pharmacy in the Seventies."

The Committee hoped to offer understanding of the future trends of pharmacy and to create a forum for dialogue for pharmacists in all areas of pharmacy. Only the future can measure our success.

The program was well received. The committee wishes to thank all the speakers as well as the drug companies for their contribution to its success.

As chairman, I would like to thank the members of my committee for their support and diligence, Miss Pfister of the MPhA staff and the MPhA and MSHP for the privilege of serving in this capacity.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for Children
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D-Methorphan
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Robitussin
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COUGH SUPPRESSANT
6-8 Hour
COUGH FORMULA
4 FL. OZ.

summer deal starts July 1st includes 4 oz. and 7 oz. sizes

Again this summer you can stock up on Robitussin and Robitussin-DM at special low deal prices. Last year, drug store sales of these two cough preparations increased 8%, while the market was up only 1%. These increases were recorded in chains and in small, medium, and large independents. Robitussin and Robitussin-DM alone now hold a big 10% share of this $100,000,000 market. They are also the most heavily prescribed cough syrups sold OTC with over 2 million scripts filled annually. In fact, Robitussin is the only OTC cough medicine among the 200 most prescribed drugs. In spite of all this Rx volume, some 71% of all Robitussin and Robitussin-DM business is OTC. Stock up heavy on these two leading cough preparations while they're on deal by ordering more of the 4-ounce and a good supply of the 7-ounce size. And don't overlook Robitussin®-PE. It's moving up fast in scripts and OTC sales.

You know these products are going to move off the shelf, so give them the facings they have earned. Your Robins Representative will be around to see you soon. Buy 'em while it's hot for extra fall and winter profits.

Stock up on the best sellers and put your facings where your profits are!
(Deal runs July 1–August 31)

A. H. Robins Company, Richmond, Va. 23220 A·H·ROBINS

Public Health Information Committee

Paul Freiman, *Chairman*

The function of this Committee is to involve the Maryland Pharmaceutical Association and its members in the various areas of public health in which the profession of pharmacy can best serve the community. This Committee has worked toward the goal of making the public aware of the role of pharmacy in the health needs of the citizens of the state.

During Poison Prevention Week, March 21-27, 1971, labels were printed for distribution by our members to their patrons on which were printed the number of the Poison Control Center at the University of Maryland School of Pharmacy. The public was informed through newspapers, TV and the radio broadcasts that these labels were available at their pharmacies.

Currently we are involved in a campaign on venereal disease. With the cooperation of the Youngs Drug Products Corporation and the State Department of Health, V.D. Awareness Month will be launched in June. A press conference kicking off the campaign will be held to which representatives of the press, radio and TV will be invited. In attendance also will be representatives of the various health departments and a guest speaker to provide the theme for the campaign which will be "Help eradicate V.D. through knowledge, prevention and education."

During June the public will be asked to go to pharmacies where information on the prevention of V.D. will be available. All pharmacies will have pamphlets for distribution on this problem as well as a list of clinics providing treatment. During this month we hope to establish a speakers' bureau of organized pharmacists and students who will discuss the problem and prevention of V.D. before various civic and student groups. Again the pharmacist's role will be emphasized to make the public aware of our willingness and ability to serve wherever there is a public health problem.

Metropolitan Guild of Pharmacists

New officers of the Metropolitan Guild of Pharmacists are:

President—John McKirgan

Vice President—Frank Frary

Secretary—Larry Jacobson

Treasurer—Edward Williams

Directors for District of Columbia—Robert Weiss, Paul Reznek and Harold Rosen

Directors for Maryland—Leonard Rosenberg, Michael Leonard and Robert Irby

Directors for Virginia—Lewis Bowles, Milton H. Hurwitz and Richard Dickenson

Tick-Borne Diseases

The City Health Department has recently issued a warning to residents of the danger of Rocky Mountain spotted fever, tularemia, tick-bite paralysis, and other tick-borne diseases. Ticks are most prevalent during late spring and summer and this is the time of highest risk for children and grown-ups who are spending more and more time out of doors.

According to Dr. David R. Berzon, public health veterinarian in the Baltimore City Health Department, not all ticks are dangerous but ticks infected with various diseases are found throughout much of the United States. So far this year the Maryland State Department of Health has received reports of 5 cases of Rocky Mountain spotted fever and 3 cases of tularemia in the state.

Ticks can usually be found in grassy, wooded and bushy areas in the city or suburbs. They transfer themselves to people and animals passing through these areas. Although there is ordinarily little danger of infection unless an infected tick has been attached several hours, Dr. Berzon warned that ticks should be treated with caution. These flat, blood sucking, spider-like animals should be removed as soon as they are felt or seen crawling on someone, before they have a chance to bite or become attached to the body.

To avoid being bitten by a tick the Health Department makes the following recommendations:

1. Avoid areas of heavy vegetation where ticks thrive and breed.

2. Remove ticks from the person as soon as they are noticed. Use tweezers or a small piece of paper as protection for the fingers. Destroy ticks by burning or disposal in a flush toilet.

3. Children who have been playing out of doors should be inspected from head to toe before they go to bed. Special attention should be paid to the scalp and the back of the head. This goes for adults, too.

4. Pets should be inspected frequently and ticks removed and destroyed. Insecticides which keep ticks off pets for a week or more may also be obtained from veterinarians or pet departments of retail stores.

When attached to the body for any length of time, ticks become engorged with blood and expand in size. Should one attach itself to you or your child, don't pull it off or the head may remain in the skin. Alcohol or ammonia applied to the rear of the tick will cause the tick to let go. Grasp the tick near its head and lift gently. A check should be made to be sure no mouth parts are left in the bite and an antiseptic should be applied to the bite area.

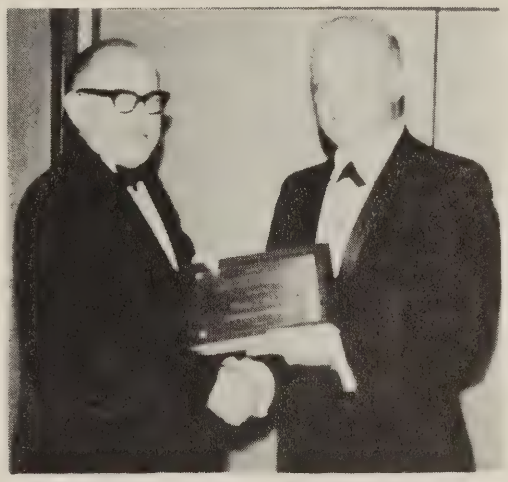
Chances are there will be no further developments. However, should a fever over 100 degrees occur within 3 to 10 days of a bite, tick-borne illness should be suspected and a physician seen at once.

Convention Highlights

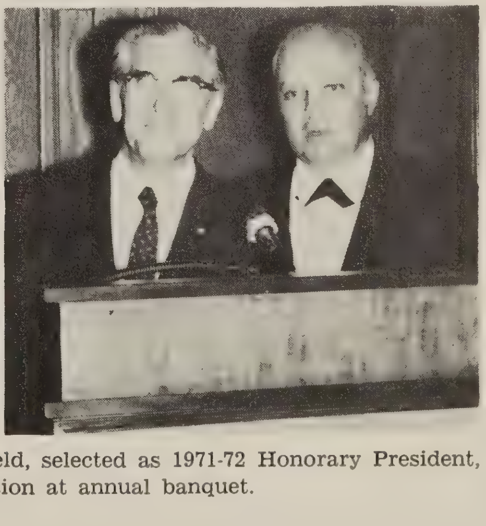
Attorney General Francis B. Burch delivered banquet address. President Schwartz (left) and Board of Trustees Chairman Fedder (right).

Donald O. Fedder presented Past President's plaque to Toastmaster John R. McHugh.

President Nathan Schwartz receives gavel from outgoing President, Donald O. Fedder.



Toastmaster McHugh presents award to Morris L. Cooper, 1970-71 Honorary President.



H. Nelson Warfield, selected as 1971-72 Honorary President, delivered invocation at annual banquet.

Photo by Paramount Photo Service

MPhA and Local Association Dues Schedule

LOCAL ASSOCIATION DUES SCHEDULE — 1971
(Outside BMPA Area)

Allegany-Garrett County Pharmaceutical Association	**$10.00**
Eastern Shore Pharmaceutical Society	**5.00**
Prince Georges-Montgomery County Pharmaceutical	**15.00**
Washington County Pharmaceutical Association	**10.00**

All local pharmaceutical associations in Maryland are now affiliated with the Maryland Pharmaceutical Association and their dues, therefore, must be included when joining the MPhA.

As Maryland Pharmaceutical Association is now affiliated with APhA (effective January 1, 1971), APhA dues must also be included for new members of MPhA.

Because of the extra services provided to MPhA by APhA as an affiliated state association, in addition to those granted all APhA members, we strongly urge all "grandfathered" MPhA members (members as of Dec. 31, 1970) to also become members of APhA. APhA dues are $35.00.

Maryland Pharmaceutical Association—Baltimore Metropolitan Pharmaceutical Association

JOINT DUES SCHEDULE—BALTIMORE METROPOLITAN AREA

Pharmacy Owner or Manager—(fee covers pharmacy and one pharmacist or manager)	**$75.00***
Pharmacist—other than above	**50.00***
Affiliate—Non-pharmacist executive, other than owner or manager	**50.00***
Hospital Pharmacist—Member of M.S.H.P.	**25.00**
Faculty, medical representative and administrative pharmacists	**15.00****
Retired pharmacist, graduate student, new registrants (for the first year), inactive and non-resident	**15.00****
Associate—Non-pharmacist employee or representative	**15.00****

* includes $25.00 BMPA dues
** includes $ 5.00 BMPA dues

Build a strong profession — Every pharmacist a member of his STATE and LOCAL Association

Approving of their objectives, I hereby apply for membership

Name in full
(Miss; Mrs.; Mr.; Dr.) ....

Address ....

Graduate of ....(College)—Year .... Degree(s) ....

Pharmacy, Firm or Institution ....

Title or Position .... Phone ....

Licensed as pharmacist in (State) .... Year ....

Member. A.Ph.A. .... N.A.R.D. ....Local, etc. (name) ....
*Fill in all blanks.

Signature ....

REFERENCE (Member's name) ....
Mail check with application.

NOTICE—This questionnaire is designed to provide information to enable the Association to serve you more effectively.

Please complete, detach and return to MPhA office.

Maryland Pharmaceutical Association

650 West Lombard Street
Baltimore, Maryland 21201

BIOGRAPHICAL INFORMATION SHEET

1. Name .... Date of birth ....
2. Home address .... Telephone ....
3. Pharmacy/Firm/Institution ....

Owner ☐ Employee ☐ Partner ☐ Officer ☐ Phar. Reg. No. .... Yr. reg. ....

If pharmacy, what hours open? ....

Schedule, individual .... Full time ☐ Part time ☐

Emergency service .... Delivery service ....

In your practice do you maintain patient medication records? Yes .... No ....

4. Business address .... Telephone ....
5. Preferred mailing address: Home ...... Business ......
6. Education: High school .... Year ....

College .... Year ....

School of Pharmacy .... Degree .... Year..........

Other postgraduate education .... Degrees .... Year..........

Professional seminars and continuing education ......List on reverse side.

7. Previous positions held ....

....

8. Military experience ....
9. Professional organizations: APhA ...... ASHP ...... ACA ...... NARD ...... MSHP ......

List others ....

10. Honors and awards ....

....

11. Civic and community organizations ....

....

12. Papers/books published ....

....

If additional space is required for any item, please use reverse side or submit separate sheet.

13. Special interests:

Membership promotion ....
Continuing education ....
School of Pharmacy ....
Institutional Pharmacy ....
Publications ....
Professional relations ....
Legislation ....

Political Action ....
Employee relations ....
Public relations ....
Health Centers ....
Pharmacy practices ....
Convention and meetings ....
Industry relations ....
Third-party Rx plans ....

Liaison with voluntary health agencies (cancer, heart, etc.) ....

14. Suggested topics for meetings ....

Professional and scientific seminars ....

Management or economic seminars ....

15. MPhA convention: Preferred months (1) .... (2) .... (3) ....

Suggested sites (1) .... (2) .... (3) ....

16. I would like to participate in a speakers' bureau on:

Drug Abuse ...... Venereal Disease ...... Poison Prevention ...... Cost of Drugs ...... Pharmacy as a Career ......

Others ....

....

17. Legislative and governmental contacts (patrons, friends, etc.) ....

....

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Hospital Pharmacy Section

MARY W. CONNELLY
President
Maryland Society of Hospital Pharmacists

Mary W. Connelly, Chief Pharmacist at Mercy Hospital Baltimore, was installed as President of the Maryland Society of Hospital Pharmacists at the Society's Sixth Annual Hospital Pharmacy Seminar held at Ocean City, Maryland, June 11, 12, and 13, 1971.

Miss Connelly, who has been Chief Pharmacist at Mercy Hospital since 1968, is a 1951 graduate of the University of Maryland School of Pharmacy. She was Chief Pharmacist at Bon Secours Hospital in Baltimore from 1951 to 1957. From 1958 to 1968, she was associated with the Eastpoint Medical Center.

Miss Connelly has been active in many pharmacy organizations among which include the American Pharmaceutical Association, American Society of Hospital Pharmacists, Maryland Pharmaceutical Association, D.C. Society of Hospital Pharmacists, National Catholic Pharmacists Guild and the Maryland Pharmaceutical Foundation.

She has served as Secretary of the Maryland Society of Hospital Pharmacists from 1956 to 1968, Secretary of the University of Maryland School of Pharmacy Alumni Association, 1970-1971, and is presently Secretary of the Lambda Kappa Sigma National Pharmaceutical Women's Sorority. She also holds membership in the Democratic Club of Baltimore County.

Maryland Society of Hospital Pharmacists Sixth Annual Hospital Pharmacy Seminar

The Maryland Society of Hospital Pharmacists held its Sixth Annual Hospital Pharmacy Seminar on July 11, 12, and 13, 1971 at the Carousel Motel in Ocean City, Maryland. Nearly 200 registrants and guests attended the three day seminar.

Included among the topics presented were: "The Philosophy of Supportive Personnel in Pharmacy" by Henry J. Derewicz, Director of Pharmacy Services at the Johns Hopkins Hospital; "Computer Applications to the Health Care System" by Cornelius P. McKelvey, Adjunct Instructor at the University of Maryland School of Pharmacy; "Pharmacy Services in a Small Hospital" by R. David Anderson, Director of Pharmacy Services at the Waynesboro Community Hospital, Waynesboro, Virginia and "Pharmacy Service in the Emergency Room" by Thomas E. Patrick, Chief Pharmacist at the University of Maryland Hospital.

Other speakers included Louis P. Jeffrey, Director of Pharmacy Service at the Rhode Island Hospital; Paul LeSage, Deputy Director of Pharmacy Services at the U.S.P.H.S. Hospital in San Francisco, Douglas R. Mowery, Director of Pharmacy Services at the Washington Hospital Center and Dr. Peter P. Lamy, Associate Professor and Director of Institutional Pharmacy Programs at the University of Maryland School of Pharmacy.

The Banquet Address, entitled "The Pharmacist on the Health Care Team," was presented by Dr. John Collins Harvey, Medical Director of the Good Samaritan Hospital in Baltimore.

Among those receiving awards were Paul LeSage, recipient of the W. Arthur Purdum Award; Marsha Fruchtbaum, recipient of the M.S.H.P. Student Achievement Award and Robert E. Snyder, recipient of the Geigy Achievement Award.

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IN THE NEWS . . .

JOSEPH D. MANGINI, president of Mangini & Associates, Inc., inventory specialists with branches in five principal cities specializing in community and hospital pharmacy inventories, was honored on June 6 by the Chicago-Joe Fox Lodge B'nai B'rith. Mr. Mangini was honored for his "outstanding support and contributions" to the Jewish community in the Chicago area. He is a past president of the Illinois Pharmaceutical Travelers and a member of the Chicago Drug Club since 1951.

VINCENT DE PAUL BURKHART has been appointed Assistant Chief Pharmacist at the University of Maryland Hospital in Baltimore and Clinical Instructor on the staff of the University of Maryland School of Pharmacy.

DR. RALPH SHANGRAW of the University of Maryland School of Pharmacy and ROBERT E. SNYDER, past president of the Maryland Society of Hospital Pharmacists, participated in Careers Day at the Community College of Baltimore. Mr. Snyder has recently been appointed by ASHP president R. David Anderson to serve a one year term on the ASHP Council on Organizational Affairs.

DOUGLAS J. GALLOW has been named Director of Market Research by NOXELL Corporation, Baltimore, Maryland.

VICTOR H. MORGENROTH, JR. will serve as Convention Chairman of the 31st Annual Convention of the American College of Apothecaries, October 1-4, 1971 at the Hunt Valley Inn, Hunt Valley (Baltimore), Md.

ABBOTT LABORATORIES has resumed full production of intravenous solutions at its Rocky Mount, N.C. plant. Abbott is reentering the market with a rubber-stopper closure and new equipment for administering intravenous solutions developed under an agreement with Cutter Laboratories.

The TONI DIVISION of the Gillette Company is changing its name to The Gillette Company, Personal Care Division.

Copies of "Guidelines" Available

Copies of "Suggested Principles and Guidelines for Pharmaceutical Services in Hospitals" are available at no charge from the MPhA office. Since there is only a limited supply available, please contact the office now.

Balassone Receives Harvey Wiley Award

Francis S. Balassone, Secretary of the Maryland Board of Pharmacy and Chief of Drug Control for the Maryland Department of Health is the first pharmacist to receive the Harvey Wiley Award from the Association of Food and Drug Officials. He received the award for "outstanding contributions" in administering state food and drug laws.

Product Announcements

Geigy Pharmaceuticals announces the introduction of Preludin Endurets 50 mg. (prolonged-action phenmetrazine hydrochloride). This new dosage strength is intended to provide greater flexibility in individualizing weight-control programs.

Mead Johnson Laboratories announces that a substantial portion of the Vi-Sol/Vi-Flor vitamin product lines have been reformulated to include natural sweeteners in place of saccharin. Taste preference for the reformulated products was expressed in extensive studies carried out using taste test panels.

Mead Johnson Laboratories is also introducing a new product, Sustacal, a nutritionally complete food recommended for nutritional support in a broad range of conditions that may include physically incapacitated patients, patients with various types of paralysis, patients with appetite loss, and patients with food prejudices.

Important Notices

Pharmacists are urged to advise the Association office (727-0746) regarding all proposals or contracts regarding prescription plans they may receive. These plans are reviewed by the Association legal counsel before being endorsed by the Association.

Please note that according to recently passed Senate Bill No. 4, prescriptions are not valid unless the physician's signature is legible to the pharmacist filling the prescription. This would not pose a problem when the physician has his name imprinted on the prescription blank but could be a factor where prescriptions originate from hospitals where the physician does not use his own personal blank.

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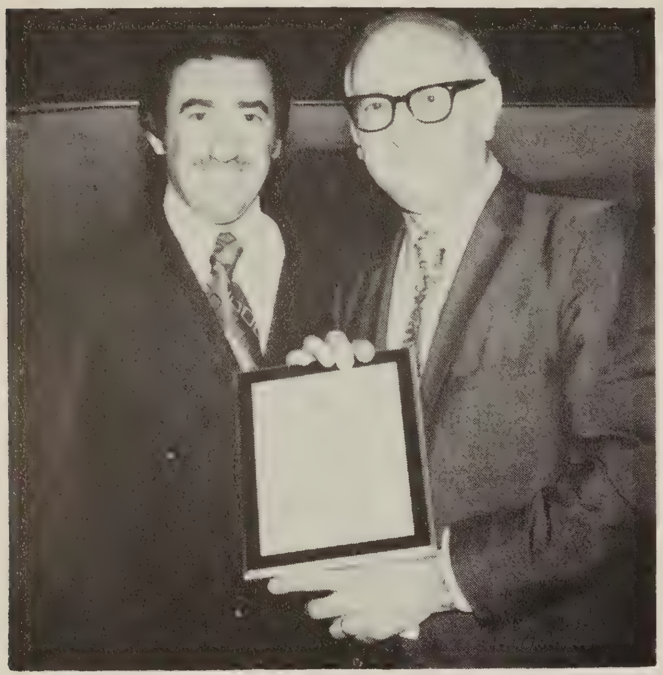
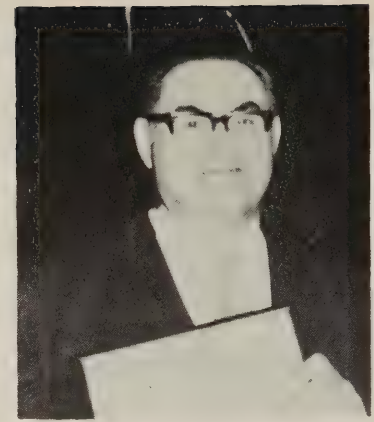
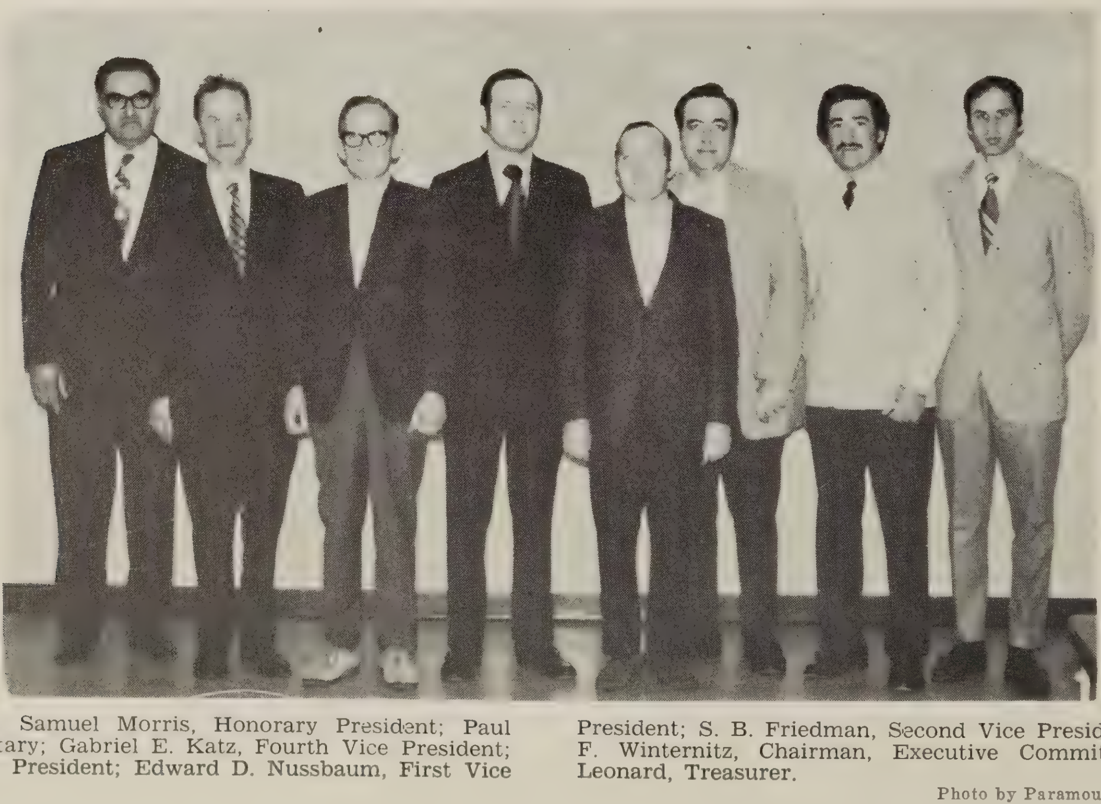


Rudolph F. Winternitz presented 1970-71 Order of the Double Star Award by Coleman Levin, National President, Alpha Zeta Omega Fraternity.



Samuel Morris cited for outstanding work.

Herman Bloom, "official photographer" presented commendation certificate by Rudolph F. Winternitz.



Left to right: Samuel Morris, Honorary President; Paul Reznek, Secretary; Gabriel E. Katz, Fourth Vice President; Martin Hauer, President; Edward D. Nussbaum, First Vice President; S. B. Friedman, Second Vice President; Rudolph F. Winternitz, Chairman, Executive Committee; Michael Leonard, Treasurer.

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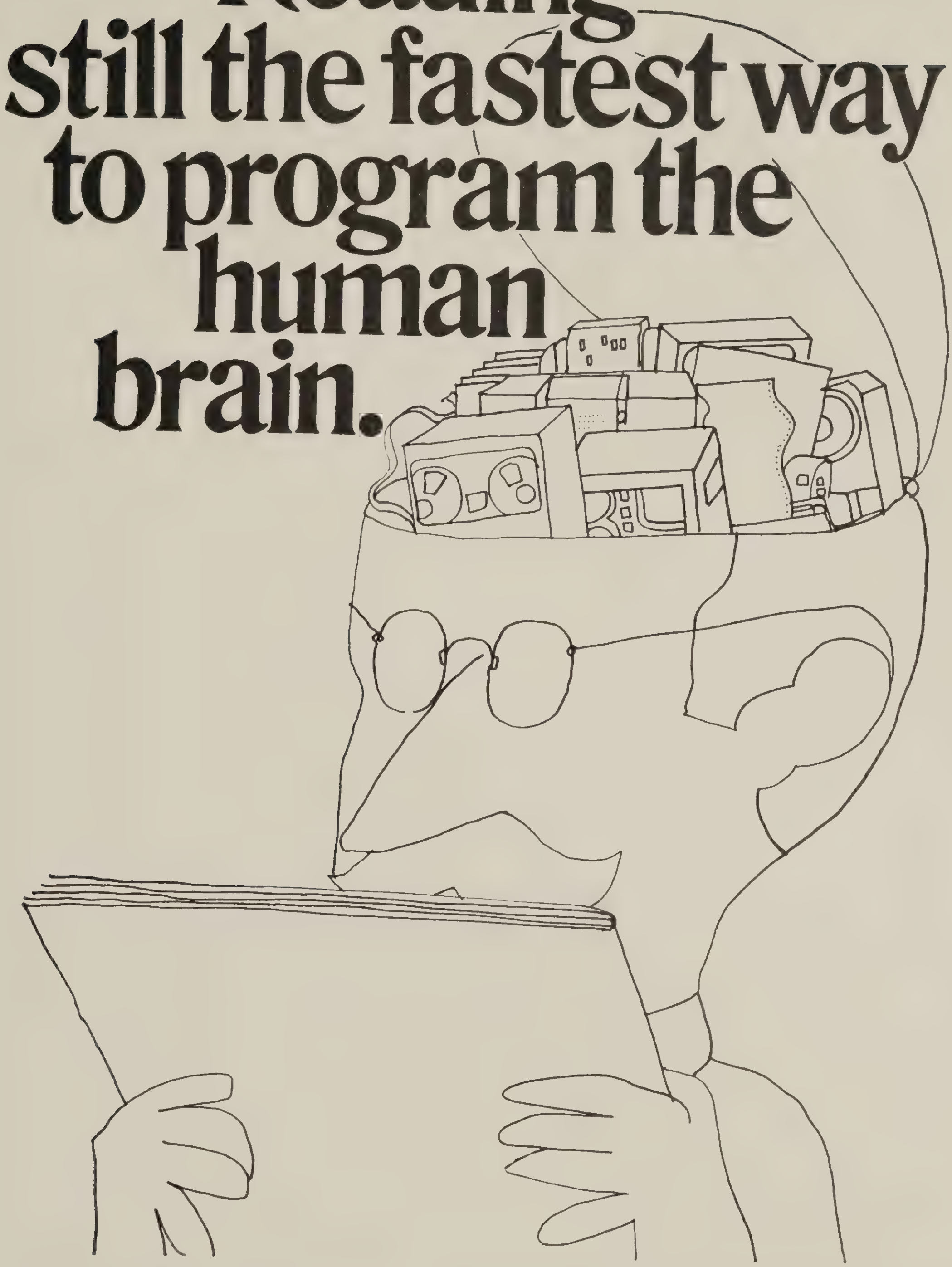
Reading is still the fastest way to program the human brain.



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31st Annual Convention of the ACA to be held in Baltimore

The American College of Apothecaries invites all pharmacists and others associated with the profession to attend its 31st Annual Convention at Hunt Valley Inn, Hunt Valley (Baltimore), October 1-4, 1971.

Guest speakers will include Mr. Henry J. Derewicz, Director of Pharmacy, Johns Hopkins Hospital, Baltimore; Dr. Ralph Shangaw, University of Maryland School of Pharmacy; Mr. Ralph Engel, Director, National Pharmacy Insurance Council, Washington, D.C.: Harry M. Robinson, M.D., Dermatologist, Baltimore; Mr. William Towle, Administrator, Columbia HMO and Henry Seidel, M.D., Medical Director, Columbia HMO, Columbia, Maryland; Samuel L. Fox, M.D., Ophthalmologist, Baltimore and Dr. William J. Kinnard, Jr., Dean, University of Maryland School of Pharmacy, Baltimore.

The program will include lectures and panel discussions on Dermatology and Ophthalmology, Private Third Party Prescription Programs, Generics and Pharmacy-Industry Relations.

Social and food functions will include an evening at the Limestone Valley Dinner-Theatre and a cruise on the Chesapeake Bay featuring a Maryland crab dinner on board.

Convention Chairman Victor H. Morgenroth, Jr., reminds pharmacy students that the registration fee will be waived and a special invitation is extended to them to attend any or all of the sessions.

Hotel and registration information are available from the ACA, 7758 Wisconsin Avenue, Suite 412 C, Washington, D.C. 20014.

Baltimore Metropolitan Pharmaceutical Association

The Baltimore Metropolitan Pharmaceutical Association held a general meeting at the Kelly Memorial Building on Thursday, June 10, 1971 at 8:45 P.M. The evening's speaker was Benjamin L. Brown, Deputy State's Attorney for Baltimore City. Mr. Brown's topic was entitled "Crime and the State's Attorney's Office: The Pharmacist's Concern With Crime—From Shoplifting to Prescription Forgeries."

Camp Glyndon collection cans were turned in at the meeting.

Obituary

JAMES A. MEMBERT

James A. Membert, 67, retired president of Washington Wholesale Drug Exchange, died on June 8 after a long illness. A lifelong resident of the Washington area, he was a member of the Traveler's Auxiliary of the Maryland Pharmaceutical Association for many years.

A Pharmacist Speaks

The following is based upon an open letter submitted for publication in the Prince Georges-Montgomery County Pharmaceutical Association *"Bi-County Pharmacist"* by Simon Zvares, an MPhA member in Silver Spring:

Would you travel to the seashore and live in a room until you leave for home without enjoying the seashore? Would you go to the mountains just to stay in one room and not enjoy the outside view? NO! Yet you join the Maryland Pharmaceutical Association and do nothing to help your profession and yourself even though the two go together.

Why don't you come to meetings, meet your colleagues, but mainly why don't you get *involved*? The best way is to serve on a committee. You can be a committee member even if you don't have much spare time. Just spend a little time on the telephone as part of membership, of programming meetings, public relations, or even eight or nine other committees. You will get to know a nice group of *your* kind of people—fellow pharmacists.

Do you have a yen for politics? Then we *really* need you! Pharmacy is joining the politicians to prove to them that the pharmacist is a professional man. We meet hundreds of people in the community each day with more frequency and closed contact than a physician, lawyer or any other professional man. We really get the pulse of the community.

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MPhA Commends Manufacturers For New Starter Dose Policy

At its 89th Annual Convention Meeting, the Maryland Pharmaceutical Association commended those pharmaceutical manufacturers that have eliminated traditional prescription drug sampling. These manufacturers initiated a controlled system for the introduction of new drugs in which physicians will prescribe prescription orders for their patients. This change produces greater distribution controls which are important in preventing diversion of drugs and the dangers of poisoning from samples discarded in trash receptacles. MPhA decided to investigate what legislative or regulatory steps might be needed in the interest of public health.

Postage Stamp for Pharmacy

The first known organized attempt to have a postage stamp issued in honor of Pharmacy occurred in 1934 when a resolution was introduced at the annual meeting of the American Pharmaceutical Association in Washington, D.C. Since that time there have been numerous other attempts by individuals and groups to achieve this goal. (For a history of these efforts, the reader is referred to the January, 1964 issue of *JAPhA*)

According to Henry Szancer in *Drugs and Pharmacy on Stamps* by George Griffenhagen (Topical Handbook No. 55, American Topical Association), 58 personalities connected with pharmacy, including William Sydney Porter (licensed pharmacist in N.C.), have been pictured on the stamps of 44 countries to date—none of these being United States stamps.

Several major health professions have been recognized on U.S. stamps in the last 25 years. The American Medical Association was so honored in 1947; the American Dental Association, in 1959; and the Nursing Profession, in 1961.

Many believe today that the prospects of a Pharmacy stamp never looked brighter. The fact that Senator Robert Griffin has presented a statement to the U.S. Senate and has written to the Postmaster General in support of a postage stamp in honor of Pharmacy is certainly encouraging but a lot more support has to be demonstrated. The 91st Congress has seen 63 resolutions and joint resolutions calling for the issuance of 34 commemorative stamps. Of these, only five have brought forth the desired stamps and two of the five recognized major events that occurred that same year, namely the launching of Apollo 11 and the passing away of former president Dwight D. Eisenhower.

The Post Office generally issues about 15 commemorative stamps per year. Of the approximately 600 commemorative stamps issued to date, more than 500 have been issued in the last 30 years. The Post Office receives from 250 to 300 proposals each year for stamps and presently has a backlog of requests for about 3000 different stamps.

The final decision as to what subjects are chosen for U.S. commemorative stamps is made by the Postmaster General with the assistance of his Citizen's Stamp Advisory Committee which consists of approximately 12 members. To help them arrive at this decision, pharmacists are urged to request that their congressmen contact the Postmaster General in support of this stamp. In addition, pharmacists should write directly or wire the Postmaster General: The Honorable Winton M. Blount, Postmaster General, Washington, D.C. 20260.

Washington Spotlight For Pharmacists by APhA Legal Division

NAS-NRC Drug Efficacy Evaluations Must Be Disclosed in Drug Labeling And Advertising

New regulations of the Federal Food, Drug and Cosmetic Act will require the disclosure of the National Academy of Science—National Research Council evaluations for those claimed uses of a drug classified as other than "effective," in the drug labeling and advertising.

The Food and Drug Administration has concluded that the NAS-NRC evaluations must be disclosed in labeling and other promotional material of a drug. The failure to disclose this material fact will result in the drug being misbranded.

Thus, where the NAS-NRC has concluded that a drug is "ineffective," "possibly effective," "probably effective," or "ineffective as a final combination" for a particular claimed use, all package labeling, promotional labeling and advertisements shall include, as part of the information for practitioners, an appropriate qualification of these claims.

This requirement was objected to by the various manufacturers associations, but supported by various groups including APhA. In overriding these objections, the Commissioner concluded that there is no reason why these judgments should not be shared with the medical profession in drug promotional material, and that such disclosures should lead to better patient care and to a better understanding by the physician of the drugs he prescribes.

Unlawful Narcotics Prescriptions

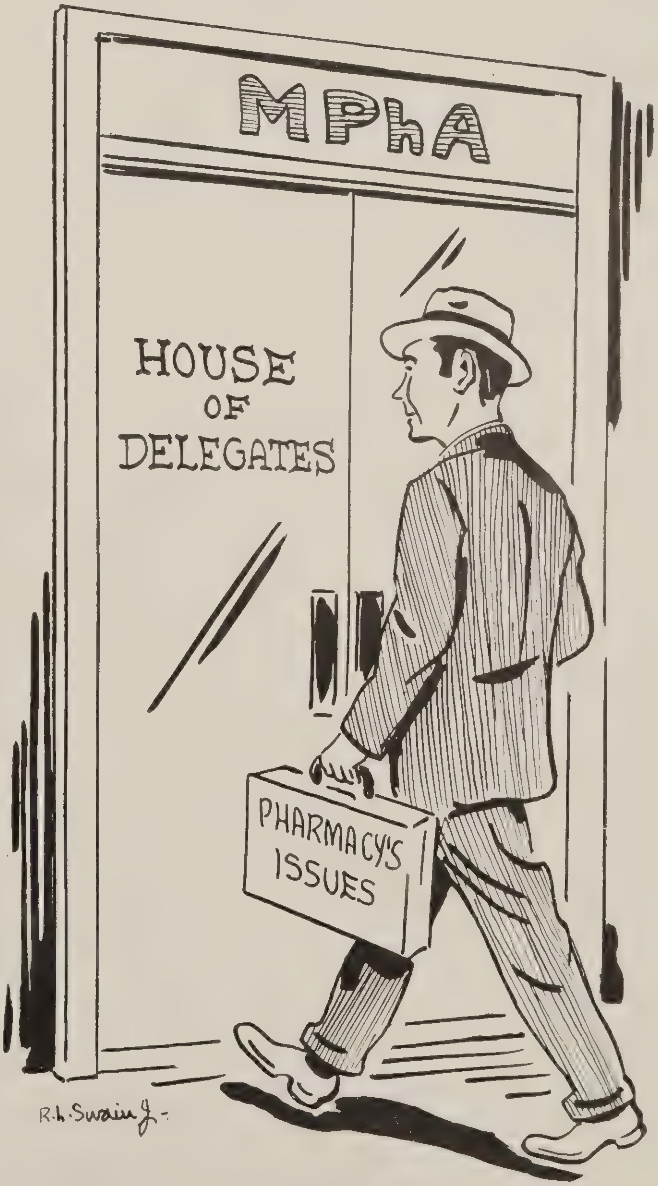
A Maryland physician was recently convicted of prescribing narcotics in a manner not authorized by the State Narcotic Drug Act. This conviction was sustained on appeal. The Appeal court held that his conduct fell so far short of minimum standards of diagnosis, treatment and care that it was a mere subterfuge.

A former drug addict, acting in cooperation with the police department, introduced a policeman posing as a drug addict to the physician. The policeman asked the physician for methadone and secobarbital. The physician, after asking only his name and address, wrote prescriptions for these drugs. The physcian indicated that he may have to take a urine test, "just to make it look good." No test or other examination was ever made. The policeman obtained prescriptions for these items again upon the payment of $10.00. The physician did not inquire as to his condition, but only asked how many tablets were desired.

Federal law also prohibits this type of activity. The regulations of the "Controlled Substances Act" require that a prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice. An order purporting to be a prescription which is not issued in the usual course of professional treatment or authorized research is not a prescription within the meaning of the Act. A person who knowingly dispenses a controlled substance pursuant to such a prescription is subject, along with the prescriber, to the penalties provided for the violation of this law.

A prescription is also invalid under the "Controlled Substances Act" if it is issued for the purpose of continuing a person's dependence upon such drugs.

Pharmacists are reminded of their duty under both State and Federal law to determine the validity of a questionable prescription order.



THE DOOR TO CONSTRUCTIVE DISCUSSION

Physician Held Negligent for Disregarding Manufacturers Warning on Possible Effects and Dosage Recommendations

The Minnesota Supreme Court recently held a physician negligent for his failure to heed the warnings on possible side effects and dosage recommendations of a drug manufacturer. The physician was held liable for his patient's death as a result of the side effects of the drug, in a wrongful death suit brought by the woman's heirs.

The patient was suffering from acute purulent otitis media. The patient did not respond to penicillin therapy and a culture indicated chloramphenicol to be the most effective antibiotic in this situation.

The chloramphenicol produced improvement and the prescription was renewed several times. Three months later there was an exacerbation of the otitis and the prescription was renewed again. Three days later, after a hemoglobin test, it was again prescribed.

Six and one-half months later, the woman was admitted to a hospital for hemorrhaging. The pathologist found severe anemia and bone marrow suppression. The woman died several weeks later of a gastro-intestinal hemorrhage due to aplastic anemia.

The suit was filed against the drug manufacturer and the physician. The suit claimed that the drug manufacturer was negligent for placing the drug on the market without adequate warnings, and that the physician was negligent in prescribing the drug.

At the trial, the manufacturer introduced evidence showing that the proper warnings were disseminated. The physician testified that he was familiar with the warnings and the recommended dosage.

Several other physicians testified on the warnings and tests to detect the development of the side effects.

The trial court directed a verdict in favor of both the manufacturer and the physician since it had not been shown that the failure to make the appropriate tests was the cause of death, or what the standard of the profession was in regard to the use of this drug.

On appeal, the court agreed that the drug company was not liable, but reversed the directed verdict for the physician. The court held that the deviation from the manufacturer's warning and dosage recommendations required him to explain the reasons for such deviation. The court also held that there was sufficient evidence to indicate that the physician may have been negligent in failing to take periodic blood tests.

While a pharmacist was not involved in this suit, this case should serve as a reminder to all pharmacists to obtain the proper authorization before refilling medication for a patient. This is especially important in regard to those drugs which are known to produce severe side effects. A pharmacist who indiscriminately refills such medication could find himself party to a similar suit.

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the maryland pharmacist

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(See page 8)

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Editorial . . .

Pharmacy Services – How, Where and By Whom ?

The future of pharmacy may well be decided by the nature of the answers to the following question:

How and where will the public receive their pharmaceutical services as we move well into the nineteen-seventies?

In addition we must also ask by whom?

Today, in mid-1971, pharmacy services are provided primarily to ambulatory patients by community and hospital pharmacies and by some mail order and "clinic" pharmacies.

The financing mechanism is still predominantly by dues payment by the patient. An increasingly significant share is being paid by third-party payment programs, either private such as Blue Cross or governmental such as Medicaid.

The "How"

Observers agree that the majority of our population will be covered by some kind of national health insurance within a few short years. By this we mean that health care will be *financed* for the most part by a program of compulsory health insurance. This will, of course, be a form of third-party payment mechanism which could involve many kinds of medical practice. That is, the health care paid for could be provided by private solo practitioners, group or clinic physicians, hospitals or health centers. It could be based on fee for service or capitation.

The "Where"

The site where pharmaceutical services will be provided as we proceed into the 1970's may be crucial to the fate of pharmacy as a health vocation with a future as a free, independent profession. This matter will often be interlocked with the "How" pharmacy service will be financed and by whom.

What is emerging are governmentally fostered programs for delivering comprehensive health care such as through comprehensive health centers. These are innovative systems involving existing elements of private, governmental, institutional, labor, insurance, individual and entrepreneural sectors of our society.

Pharmacy services may be provided by on-site pharmacies with or without "freedom of choice" for the patient. Or, where no pharmacy was established on-site, there would be freedom of choice for patient among existing pharmacies in the community.

Community pharmacies can provide the service from their existing locations; or if the decision-making authorities opt for on-site pharmacies, one or more pharmacies (acting cooperatively) could provide the service.

Certainly community pharmacies as a class are in a stronger position to be selected to provide the pharmaceutical service required (either on an in- or off-site basis) if a number of conditions prevail at the time of planning and decision.

These conditions include the relationship of the pharmacy management and pharmacists to the community, both rank and file and its leaders.

The reputation, deserved or not, of these pharmacists is a factor. The appearance, inside and outside, of the pharmacy weights heavily. Are non-health related categories of products overwhelming the image of the pharmacy? Does the pharmacy appear to be primarily a part of professional health service or does the space devoted and outside and inside signs project identification as food or liquor establishments? These are factors which rightly or wrongly have been brought out in hearings on this subject.

It is becoming more and more difficult for the private sector of pharmacy to ignore these considerations. Neglect of these factors in the past, and so often today, permits non-pharmacist firms and individuals as well as government, hospitals and so forth to leap into the opportunities presented in the emerging patterns of health care.

Let us all concentrate on emphasizing our professional capabilities so that we can preserve the maximum opportunities for pharmacists to contribute to better health for all through a free, independent profession.

—Nathan I. Gruz

PHARMACY CALENDAR

September 16—BMPA meeting, Kelly Memorial Building, 8:30 p.m.

October 1-4—31st Annual Convention of the American College of Apothecaries, Hunt Valley Inn, Hunt Valley (Baltimore), Maryland.

October 3-9—National Pharmacy Week

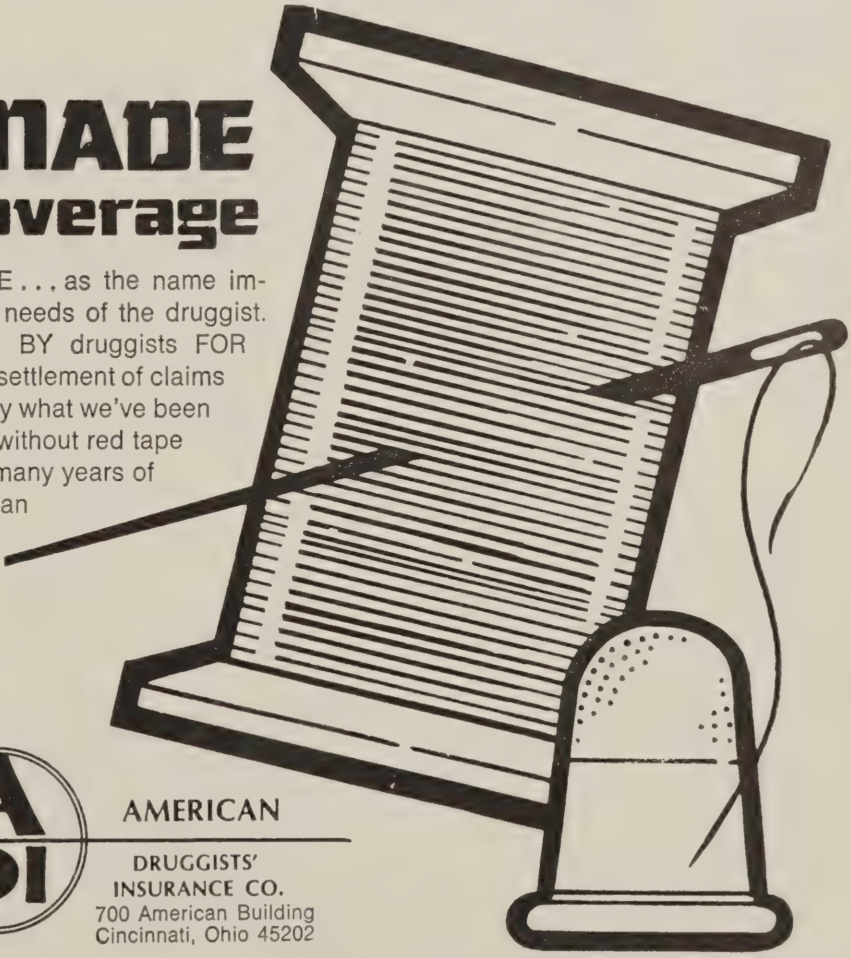
October 10-14—National Association of Retail Druggists Annual Convention, The Rivergate, New Orleans.

October 16-21—National Wholesale Druggists' Association Annual Meeting, Century Plaza Hotel, Los Angeles.

December 12-16—American Society of Hospital Pharmacists Sixth Annual Midyear Clinical Meeting, Washington, D.C.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

More than 39 per cent of all traffic fatalities in 1970 were due to excessive speed. Speeding accounted for 17,700 persons killed and 988,000 injured.



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V.D. Awareness Begins . . .

The Maryland Pharmaceutical Association has launched a V.D. educational campaign. Paul Freiman, Chairman, MPhA Public Health Committee, is planning and directing the project which began with a press conference in June.

At the press conference held at the Kelly Memorial Building, officers of the Maryland Pharmaceutical Association and local health officials stressed the significance of the soaring rate of venereal disease in Maryland. Rating ninth as a city, Baltimore is far above the national average in incidence of V.D. while in Maryland, as a whole, 384 cases were reported for every 100,000 population in 1970—35% higher than the reported national average.

According to Nathan Schwartz, MPhA President, "Pharmacists . . . work under both personal and professional obligations to dispense medications and other aides to public health in the manner prescribed by law." As he further stated, "The role that pharmacy can fill and should fill is truly made up of equal parts of *responsibility* and *opportunity* . . . which adds up," he continued, "to a combination of dispensing the means to assure better health and giving information and advice where (the pharmacist's) special place on the public health team permits."

"The pharmacists of Maryland," stated Donald O. Fedder, Chairman of the Board of Trustees, "have resolved to become very personally involved in a concerted effort to combat what has now become recognized as this nation's 'public disease enemy number one'."

In a written proclamation read by William Donald Schaefer, President, Baltimore City Council, Mayor Thomas J. D'Alesandro, Jr., urged "all public health agencies, health professionals and all other groups and individuals involved in health education, prevention and treatment as well as the general public to participate and cooperate in this greatly needed work."

Education, prevention and treatment, our speakers emphasized, are needed to stem the "epidemic" spreading through all levels of our society. In their speeches Messrs. Fedder and Schwartz continued to elaborate on the facts of venereal disease, its prevalence and the means by which pharmacy may assist in alleviating it. Questions from the floor stimulated the discussion among our pharmacists, health officials and news reporters. Cameras clicked, lights flashed and television cameras rolled, turning the lower level conference room of the Kelly Memorial Building into bustling activity during the hour and one-half cocktail-luncheon conference.

And the reporting was excellent as evidenced by "top spot" coverage by WMAR TV on the evening news. "The Maryland Pharmaceutical Association" was heard over radio, and newspaper writeups appeared in many paper throughout the state.

Subsequently, thousands of pamphlets entitled "Plain Talk About Venereal Disease," published by Youngs Drug Products Corporation, were distributed from the MPhA office to pharmacies throughout the state as well as to individuals. Lists of V.D. clinics in Maryland where individuals requesting treatment can be directed in a year-round effort to help eradicate the disease were distributed to pharmacies in the state. Pharmacists were encouraged to set-up counter V.D. prevention displays. An MPhA speakers bureau with the cooperation of the students at the School of Pharmacy, University of Maryland, will bring speakers to civic, school and other community groups. For the benefit of private groups speeches have been made available to those requesting them.

Executive Director, Nathan I. Gruz, focused on the constructive roles that pharmacists can play because they have more contacts per week with the public than any other health professional. He spoke of the accessibility of all people to their pharmacists.

Dr. Howard J. Garber, Chief, Division of Communicable Diseases, State Department of Health, following his attendance at the conference moderated by Chairman Paul Freiman, wrote, "I would like to commend the Maryland Pharmaceutical Association's efforts in making the public aware of the V.D. problem in Maryland."

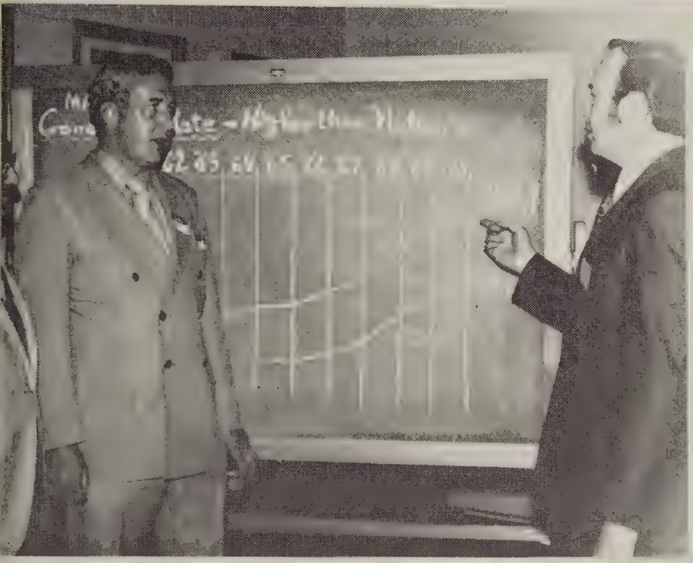
Other representatives from the State Department of Health included Leland C. King and Thomas A. Sweeney, Public Health Advisors. From the Baltimore City Health Department were Dr. E. Walter Shervington, V.D. Clinical Director; Dr. Ralph E. Bennett, G.C. Coordinator, and John Supinski, Public Health Advisor. Dr. John A. Mullan, Chairman, Public Relations Committee, represented the Medical and Chirurgical Faculty of Maryland and Dr. John Room, the Baltimore County Health Department.

Assisting in the press conference arrangements were Youngs Drug Products Corporation staff, Messrs. Melvin Clark, Frank Hewens, Louis Rindone and Earl Vreeland; MPhA official photographer, Herman Bloom; TAMPA President, William L. Nelson; Co-chairman, MPhA Professional Relations Committee, H. Nelson Warfield; and BMPA President, Irving Kamenetz.

Have You Returned Your Biographical Information Sheet?

If you haven't done so, please complete and return the biographical information sheet which appeared in the July 1971 issue of "The Maryland Pharmacist." Return of the questionnaire by each member will assist the Association in serving the profession more effectively.

During 1970, 6,500 people were killed as a result of driving off the roadway. Reasons for this type of accident are tired motorists, unsafe cars, and those under the influence of alcohol.



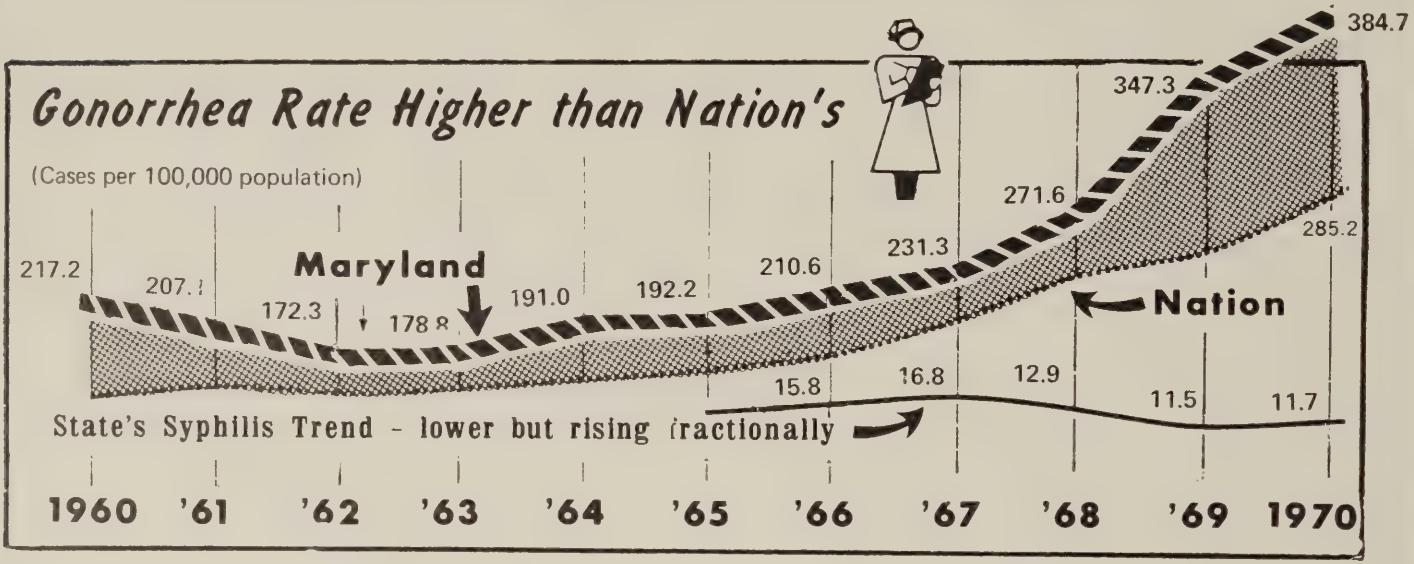
MPhA's PRESS CONFERENCE ON V.D.

TOP LEFT—Donald O. Fedder answers questions directed by health officials and newsmen. MIDDLE LEFT—Dr. Paul A. Mullan, second from left, hears of rising V.D. rate, pointed out by Donald O. Fedder, right. Nathan Schwartz, left, looks on. BOTTOM LEFT—William Donald Schaefer, second from left is presented Mayor's proclamation by Irvin Kamenetz, second from right. Standing on the left is Paul Freiman; on the right, Nathan I. Gruz. TOP RIGHT—Dr. Ralph E. Bennett, second from left, and Leland King, left, in conversation with Tom Ross (WBAL) and Nathan I. Gruz. MIDDLE RIGHT—Standing left to right: Paul Freiman, Thomas A. Sweeney, Dr. Howard J. Garber, Donald O. Fedder, and John Supinsky. CENTER—Dr. E. Walter Shervington directs question to speakers' table. BOTTOM RIGHT—Mr. and Mrs. Irvin Kamenetz, left, enjoy conversation of William Donald Schaefer, right, and Nathan Schwartz, second from right.

Photos courtesy of Paramount

V.D. is an Epidemic in Maryland, in 1971

a quick glimpse of the trend, latest data

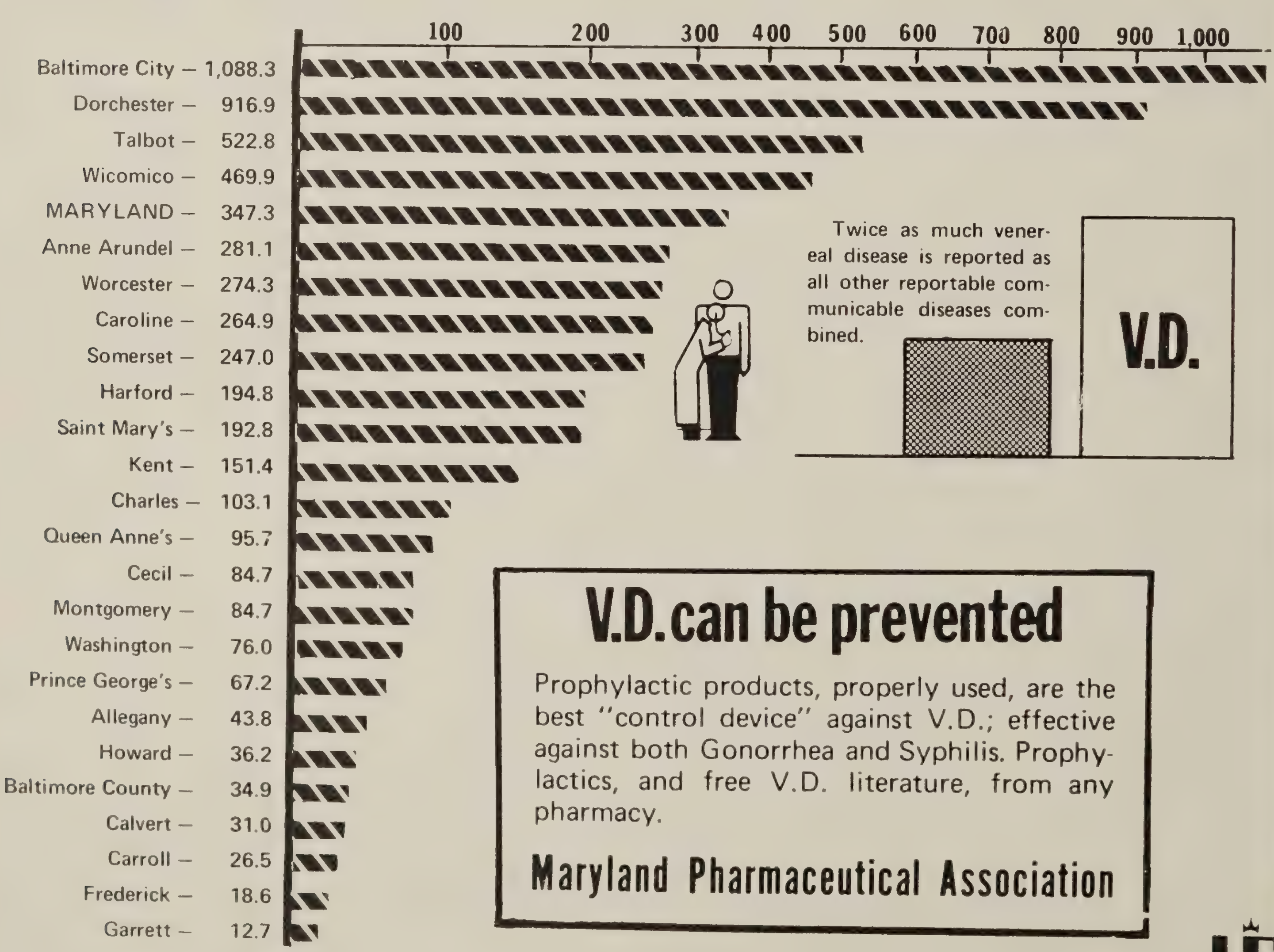


Gonorrhea Rate Higher than Nation's

(Cases per 100,000 population)

State's Syphilis Trend - lower but rising fractionally

Venereal Disease Trend, in Order of Rate (Gonorrhea — cases per 100,000 population)



Twice as much venereal disease is reported as all other reportable communicable diseases combined.

V.D. can be prevented

Prophylactic products, properly used, are the best "control device" against V.D.; effective against both Gonorrhea and Syphilis. Prophylactics, and free V.D. literature, from any pharmacy.

Maryland Pharmaceutical Association

Maryland Board of Pharmacy News

Registrations Granted

The following pharmacists recently became registered by the Maryland State Board of Pharmacy: Mary H. Brumback, Donald W. DeGroff, Stanley E. Gierhan, Michael R. Litton, Chester A. Schwer, Charles E. Thomason and James W. Wheatley.

The Board also announced 15 candidates who have previously passed the theoretical examination and recently passed the practical examination will be granted registration to practice within the state.

Included were: Donna K. Barr, Herman Bell, Jr., Larry Bierley, Douglas Bjornson, Michael G. Buddie, Ted Cohen, William Harding, Tommy Hedge, Mike McCagh, E. D. McKeever, Jr., Donald Moor, Donald Phillips, Maurice Rumbarger, John Verhulst and Richard Walsh.

Pharmacy Changes

The following are the pharmacy changes for the month of July:

New Pharmacies

Read's, Inc., Ronald Sanford and Morris Feldman, Pharmacists, 711 West 40th Street, Baltimore, Maryland 21211.

University of Maryland Hospital Pharmacy, Thomas E. Patrick, Pharmacist, 22 South Greene Street, Baltimore, Maryland 21201.

No Longer Operating As Pharmacies

Pride Pharmacy, Samuel Adams, President, 2305 East Chase Street, Baltimore, Maryland 21213.

Gwynn Oak Pharmacy, Harold D. Mondell, 5500 Gwynn Oak Avenue, Baltimore, Maryland 21207.

Carney Pharmacy, William S. Karr, 9515 Harford Road, Baltimore, Maryland 21234.

Change of Ownership, Address, Etc.

None.

CHANGE OF ADDRESS

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Thank you for your cooperation.

Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street

BNDD Regulations Amended To Allow Unlicensed Interns and Residents to Prescribe Controlled Substances

On July 21, 1971, the Department of Justice published proposed new regulations in the *Federal Register* regarding BNDD registration of hospital interns and residents.

According to an interpretation of these regulations by the Attorney General's office of the State of Maryland, interns and residents who are not licensed in the State of Maryland may prescribe controlled substances under the registration of the hospital or other institution which is registered and by whom he is employed.

The individual practitioner must be acting only within the scope of his employment in the hospital or institution and such prescribing must be done in the usual course of his professional practice. Furthermore, the intern or resident must be authorized by the hospital or other institution to prescribe under the hospital registration and the hospital or institution must designate a specific internal code number for each intern or resident so authorized. The code number shall consist of numbers, letters, or a combination thereof and shall be a suffix to the institution's BNDD registration number, preceded by a hyphen (e.g., APO123456-10 or APO123456-A12); and a current list of internal codes and the corresponding individual practitioner must be kept by the hospital or other institution and must be made available to the public upon request for the purpose of verifying the authority of the prescribing individual practitioner.

Prescriptions for controlled substances prescribed by an intern or resident during the usual course of his professional practice and bearing the individual practitioner's assigned registration number for a hospital outpatient or discharged inpatient at the time of discharge *may* be filled by a community pharmacist.

BNDD Warning

The Bureau of Narcotics and Dangerous Drugs advises all pharmacists that they may encounter patients with possible boric acid intoxication.

A potentially harmful mixture of cocaine and boric acid has been found in the illicit drug market in at least three cities. BNDD chemists have analyzed samples of the mixture obtained in New York and Chicago. U. S. Customs Service has also encountered samples of the mixture in San Antonio. The boric acid content runs as high as 50%. Based on use of cocaine by abusers this may result in an intake of up to 150 mg. of boric acid a day.

Almost 40 per cent of all highway deaths occur on weekends—56 per cent between 6 p.m. and 6 a.m. "Never on weekends" might be a driver motto worth observing.

Proceedings of the 89th Annual Meeting of the Maryland Pharmaceutical Association

Held At The Hunt Valley Inn, Cockeysville, Maryland, May 16 and 17, 1971

First Session, Sunday, May 16

The first session of the 89th Annual Convention of the Maryland Pharmaceutical Association was called to order at 2 p.m. by President Donald O. Fedder in the Maryland Room of the Hunt Valley Inn, Cockeysville, Maryland.

The invocation was delivered by H. Nelson Warfield, MPhA Executive Committee member and past Vice President.

President Fedder then extended greetings and welcomed all in attendance.

The following representatives of pharmaceutical associations were called upon to bring greetings and messages from their respective groups:

Robert E. Snyder, President of the Maryland Society of Hospital Pharmacists; Paul Freiman, Vice President of the Baltimore Metropolitan Pharmaceutical Association; Stephen Hospodavis, President of the Allegany-Garrett Counties Pharmaceutical Association; Gordon M. Harrison, President of the Eastern Shore Pharmaceutical Society; Edward D. Nussbaum, First Vice President of the Prince Georges-Montgomery County Pharmaceutical Association; S. Ben Friedman, Maryland Director, Metropolitan Guild of Pharmacists.

The following were recognized and introduced by President Fedder: Paul Reznek, Secretary, Prince-Georges-Montgomery County Pharmaceutical Association; F. S. Balassone, Secretary of the Maryland Board of Pharmacy and Chief, Division of Drug Control, Maryland State Department of Health and Mental Hygiene; Dr. William J. Kinnard, Jr., Dean, University of Maryland School of Pharmacy; Dr. C. Jelleff Carr, former Professor of Pharmacology, now Adjunct Professor of Pharmacology and Toxicology; Gerald Freedenberg, Directorum of Kappa Chapter, Alpha Zeta Omega Pharmaceutical Fraternity, and Simon Solomon, the first and only Honorary Life Member of the Executive Committee of the MPhA.

Executive Director Nathan I. Gruz then read the following communications:

"Since its founding in 1883, the Maryland Pharmaceutical Association has worked to advance the profession of pharmacy and the public health in Maryland. Your forthcoming annual meeting will provide the opportunity to build upon past accomplishments and to give new direction to the profession of pharmacy in Maryland. We now are at a time when pharmacists can assume a greater role in the delivery of health care services to the public than ever before. Pharmacists are looking to their state and national professional societies to provide direction in assisting them to fulfill their full potential as health professionals.

"The issues discussed, positions taken and policies adopted at your annual meeting can shape the direction of pharmacy for years to come. As you make final preparations for your annual meeting, I extend you the best wishes of the officers and Trustees of the American Pharmaceutical Association for a most successful meeting and offer our pledge of continued cooperation." (signed) William S. Apple, Ph.D., Executive Director, American Pharmaceutical Association.

"We extend best wishes to your officers and members for a successful convention and assure you of our continued cooperation with your fine organization. Our mutual interests involve a number of legislative, professional and economic issues and objectives. The role of retail pharmacists in present and proposed health insurance programs must provide adequate compensation under these programs and hopefully correction of discriminatory pricing policies relating to purchasing and distribution of drug store products. We are looking forward to your continued cooperation in developing constructive legislative and educational programs concerning pharmacy participation in public health and welfare efforts. We can achieve many objectives by exerting unity of purpose. We hope that many pharmacists will be with us when our 73rd annual meeting convenes in New Orleans, Louisiana, October 10-14, 1971." (signed) Williard B. Simmons, Executive Secretary, National Association of Retail Druggists.

Mr. Joseph S. Kaufman, MPhA Legal Counsel, reviewed the past year's activities from the legal and legislative viewpoints. He commented on emerging and anticipated development for the coming year.

President Fedder then presented the following MPhA past presidents: George M. Schmidt (1957), Gordon A. Mouat (1959), Alexander J. Ogrinz, Jr. (1965), Morris R. Yaffe (1966), and I. Earl Kerpelman (1969).

Reports of committees were then delivered by committee chairmen. The reports were published in the July issue of "The Maryland Pharmacist."

Dr. William J. Kinnard, Jr., Dean, University of Maryland School of Pharmacy, delivered a report summarizing some of the current and projected activities of the School. He referred to a Task Force on Supportive Personnel and work to be done in the area of third-party payment programs.

There was discussion regarding implementing joint meetings of the MPhA-School of Pharmacy Committee and the School of Pharmacy.

F. S. Balassone presented the Annual Report of the Maryland Board of Pharmacy for 1970-71 which will be published in a later issue of the journal.

The Session adjourned at 4:00 p.m.

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5. **Professional help in site selection,** store development and in lease acquisition for desirable sites.
6. **Computerized inventory and billing systems.** This modern computerization also makes possible a wide range of additional data services including regular issuance of individual monthly reports of DACA drugs showing quantities and dates on which they were submitted.
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Second Session, Monday, May 17

The second session of the 89th Annual Convention of the Maryland Pharmaceutical Association was called to order in the Maryland Room by President-elect Nathan Schwartz at 10 a.m.

MEMORIAL SERVICES

Paul R. Bergeron began the services with the reading of the 23rd Psalm. Francis S. Ballassone followed with the Necrology.

NECROLOGY

Sheldon S. Barke
Vincent L. Blocher
William L. Brunnett
Irvin J. Cohen
Joseph L. Cohen
Chester A. Duncan
Webster K. Edwards
Dominic Felicetti
Marshall Fox
Albert C. Gakenheimer
Earl A. Gates
Matthew Glenn
Frank J. Grau
Harry Greenberg
Harold J. Hocking
James E. Johnson
Warren L. Johnson
John J. Kairis
Zygmont W. Karwacki
George F. Kieffer
Abraham A. Lemler
Morris Levin
Lester Levine
Aaron M. Libowitz
Joseph Lutsky
James E. McMichael
Frederick Minder
Arthur A. Musher
Frank M. Noll
Joseph H. Pazel
John A. Pelcher
Clarence H. Pierson
Wilkin M. Roddick
Emanuel Rosenthal
Nathan Rudo
Arthur P. Shields, Sr.
L. Rex Springer
Harvey Todd
William H. Webster
Luther White
Samuel Wolfovitz

David I. Scott offered the memorial prayer.

Nathan Schwartz called upon Executive Director Nathan I. Gruz for his report which appeared in full in the June issue of "The Maryland Pharmacist."

The report was accepted on motion of Sydney L. Burgee, Jr., seconded by Morris Bookoff.

The report of Treasurer Morris Lindenbaum was presented. It was accepted on motion of Henry Seidman, seconded by S. Ben Friedman.

The Speaker Pro Tem of the House of Delegates, Sydney L. Burgee, Jr., was called upon to organize the House of Delegates. The following were recognized as delegates from their respective organizations:

Affiliated Organizations:

1. Allegany-Garrett County Pharmaceutical Association (3)

Harry G. Eisentrout, Jr.
Stephen Hospodavis
James R. Ritchie
Alternate: John H. Balch

2. Baltimore Metropolitan Pharmaceutical Association (19)

Delegates:	*Alternates*:
Arnold Amass	John Ayd
Morris Bookoff	Harry Bass
Mary Connelly	Frank Block
Joseph U. Dorsch	Jerome Block
Gerald Freedenberg	James P. Cragg
Paul Freiman	Irving Galperin
Irvin Kamenetz	Henry Glaeser
Bernard Lachman	Wilfred Gluckstern
Harold Levin	Dorothy Levi
Ronald Lubman	Norman J. Levin
Jerome Mask	William I. Lottier, Jr.
John Padousis	Richard Metz
Anthony G. Padussis	William Morgenstern
Melvin Rubin	David S. Pearlman
David I. Scott	Allan B. Shenker
Charles E. Spigelmire	Morton Silverstein
H. Nelson Warfield	George Stiffman
Harry R. Wille	Charles W. Wagner
Stanley J. Yaffe	Maurice Weiner

3. Eastern Shore Pharmaceutical Society (3)

Philip D. Lindeman
Gordon M. Harrison
James W. Truitt, Jr.
Alternate: Donald R. Young

4. Prince Georges-Montgomery County Pharmaceutical Association (7)

Paul Bergeron, II
S. Ben Friedman
John R. McHugh
Louis N. Nobel
Edward D. Nussbaum
Richard D. Parker
Dominic J. Vicino
Alternates: Michael Leonard
Morris R. Yaffe

5. Recognized Organizations

Maryland Society of Hospital Pharmacists (2)

Sydney L. Burgee, Jr.
Robert E. Snyder
Alternate: Normand A. Pelissier

University of Maryland School of Pharmacy (1)

Henry G. Seidman

Officers and Board of Trustees (Executive Committee) MPhA (not represented in other capacities)

President—Donald O. Fedder
President elect—Nathan Schwartz
Vice President—Melvin J. Sollod
Executive Director—Nathan I. Gruz
Treasurer—Morris Lindenbaum
Immediate Past Presidents (3)
I. Earl Kerpelman
Milton A. Friedman

Mr. Alder Simon took the floor to take issue on the manner that the BMPA selected delegates. BMPA President Kamenetz announced that a special meeting of the BMPA Executive Committee would be held following adjournment of the Second Session to consider the matter.

Mr. S. Ben Friedman requested representation for the Metropolitan Guild of Pharmacists.

Speaker Pro-Tem Burgee ruled that the request be brought up for action at the first regular session of the House of Delegates to be convened after lunch.

The Second Session was adjourned at 11:30 a.m.

Third Session, Monday afternoon, May 17

President Fedder called the Third Session to order. President-elect Schwartz then presided, calling upon President Fedder to deliver his Annual Report. President Fedder then called upon Speaker Pro Tem, Sydney L. Burgee, Jr., to convene the House of Delegates and conduct the meeting.

A motion was made by S. Ben Friedman and seconded to recognize the Metropolitan Guild of Pharmacists as an officially recognized organization with delegate representation in the House. Mr. Freedenberg moved to

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table the motion and refer it to the Board of Trustees. Seconded and passed.

Sydney L. Burgee, Jr., was elected as speaker of the House of Delegates on nomination of Richard D. Parker.

S. Ben Friedman moved for nomination of John McHugh as Vice Speaker. Seconded by Mr. Sollod. Mr. McHugh declined.

Richard D. Parker moved for nomination of S. Ben Friedman as Vice Speaker. He declined, nominating Henry G. Seidman, who was elected unanimously.

The BMPA Executive Committee having met, reaffirmed the list of delegates originally recommended and added Alder Simon and Robert Kabik to the list of alternate delegates.

President Fedder reviewed the action of the APhA House of Delegates at its 1971 Annual Meeting.

On motion of Mr. Schwartz the MPhA House of Delegates was adjourned.

President Fedder then called the General Session to order again and called for New Business.

Mr. Sollod read the following proposed Amendment to the Constitution recommended by the Board of Trustees:

"Article VI ORGANIZATION (to read)

The functions of the ASSOCIATION shall be performed by the members through the agency of the General Sessions, the House of Delegates, the Board of Trustees, and such other Subdivisions as may be authorized in the By-Laws.

Article VII.

Change ARTICLE VI. Quorum, to ARTICLE VII."

There being no objection, the first reading of the Amendment was completed.

RESOLUTION

1. Mr. Vicino read a resolution supporting the recognition of "P.D." ("Pharmacy Doctor") for all pharmacists.

2. He then read a resolution calling for national reciprocity in licensing pharmacists.

On motion of Mr. Freedenberg Mr. Vicino's resolutions were referred to Professional Relations Committee for review.

3. Mr. Seidman stated that a resolution should be passed calling for educational programs to be included in the Business Sessions of the Convention and at the same site. The chair ruled that this would be referred to the Board of Trustees as a recommendation.

4. Mr. Bookoff moved that manufacturers be commended for adopting drug sampling policies of distribution through pharmacies. He cited Smith, Kline and French and Roerig and recommended that other manufacturers be urged to adopt similar policies. Seconded and passed.

5. Mr. Schwartz presented a request from Ciba to protest the FDA policy in combination drugs. On motion of Mr. Lachman it was referred to the Professional Relations Committee.

6. Mr. Freiman moved that the routine distribution of drug samples directly to physicians be banned in the interest of public health. Motion was seconded and referred to the Legislative Committee.

REPORT OF THE NOMINATING COMMITTEE

Chairman Kerpelman announced the following slate:

For President-elect
  Sydney L. Burgee, Jr.   Bernard B. Lachman
For Vice President
  John R. McHugh
For Treasurer
  Morris Lindenbaum
Trustees:
  Eastern Shore (1)
    Gordon M. Harrison   Philip D. Lindeman
  Central (BMPA (3)
    Morris Bookoff   Irvin Kamenetz
    Joseph U. Dorsch   Anthony Padussis
    Paul Freiman   Nelson Warfield
  Southern (1)
    Richard D. Parker   Dominic J. Vicino
  Western (1)
    Stephen Hospodavis
    Samuel O. Weisbecker

Mr. Kerpelman stated that Mr. Burgee would not be a nominee as he was elected Speaker of the House of Delegates.

On motion of Mr. Freiman, Mr. Warfield was unanimously elected Honorary President.

On motion of Mr. Bookoff, Mr. Lachman was unanimously elected President-elect.

Mr. S. B. Friedman nominated Richard D. Parker for Vice President. In the vote Mr. McHugh was elected Vice President.

On motion of Morris Yaffe, Mr. Lindenbaum was unanimously elected Treasurer.

The following action was taken on Trustees:

Mr. Bookoff was elected by unanimous ballot for a one-year term (1972).

Messrs. M. Rubin, I. Kamenetz and Melvin J. Sollod were then nominated from the floor. Messrs. Rubin and Kamenetz withdrew.

The following were then elected: Anthony G. Padussis (1973) in contest with Mr. Vicino; Messrs. Paul Freiman (1974), Philip D. Lindeman (1973), Melvin J. Sollod (1974) and Stephen Hospodavis (1972) unanimously.

MARYLAND BOARD OF PHARMACY

For the vacancy of Howard L. Gordy in 1972 the Nominating Committee presented the following slate, one person to be selected by the Governor for appointment.

I. Earl Kerpelman
Philip D. Lindeman
James W. Truitt

On motion of Chester L. Price, seconded by Gerald Freedenberg, Irving I. Lottier was nominated from the floor.

The original slate was elected as the MPhA nominees to the vacancy.

The General Membership then confirmed the action of the Executive Committee at its last meeting in unanimously electing Simon Solomon as the First Honorary Life Member of the Board of Trustees.

The final session of the 89th Annual Convention was adjourned at 4:14 p.m.

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Jamaica Welcomes MPhA for Holiday in the Sun

Via Eastern Airlines charter flight 139 MPhA members and their wives departed on the morning of May 18, 1971, from Friendship Airport to join other MPhA members for reconvened sessions at the Jamaica Hilton in Ocho Rios, Jamaica.

As a result of the planning of Nathan Schwartz, Convention Chairman, and Alder Simon, Convention Co-chairman, everyone relaxed, enjoying luxurious atmosphere, tropical sun and candlelight dinners.

During the day reconvened sessions included continuing education seminars. On Wednesday, Frederick A. Glass, M.D. spoke on "Dermatology for Pharmacists." Morris Lasover, J.D., discussed "Professional Liability of Health Professionals" on Thursday, May 20. "Drugs in Dental Practice" was delivered by Irving Littman, D.D.S. on Friday.

A romantic highlight was the Saturday evening cocktail party sponsored by the Calvert Drug Company held on the hotel patio. Calypso rhythms beat in the distance while the gentle Caribbean waters rippled just beyond the wall of colorful native flowers surrounding the patio—a perfect setting for a memorable occasion.

After six funfilled days of golf, fishing, shopping and learning, everyone reluctantly returned to Baltimore, agreeing that the "Jamaica Trip" was unquestionably a success.

Reservations Still Being Accepted For London Trip

MPhA members and their immediate families will be visiting London from November 7 to 14, 1971. The group will depart from Friendship Airport in Baltimore on Sunday evening, November 7, via Air India's Maharajah 707 Jet for a non-stop flight to London. Upon arrival Monday morning, local time, passengers will be met and transferred, with their baggage, to the beautiful Royal Garden Hotel, situated on the edge of Kensington Gardens adjacent to the Palace of Her Royal Highness, Princess Margaret. Here tour members will spend six unforgettable nights of sheer luxury.

In London the following will be included: Full multi-course English breakfast will be served each morning at the hotel. A half-day tour of the oldest part of London, reliving history at the Tower of London where the magnificent Crown Jewels of England are on display. A half-day tour of the fashionable West End of London including Westminster Abbey and the Buckingham Palace. A half-day excursion through the lovely countryside to stately Windsor Castle, built by William the Conqueror and royal residence for nearly 1,000 years.

Evening activities: The MPhA Hospitality Room will be open for pre-dinner complimentary cocktails before beginning each night's festivities. Dine sumptuously at such outstanding restaurants as the Mirabelle, the luxurious Caprice, Churchill's-London's smartest night spot and the fashionable Twenty-One Club, once the townhouse of Lord Chesterfield. A delightful evening at the theatre . . a ticket will be provided for an orchestra seat of your choice at any of London's many hit shows. Guest membership in the Victoria Sporting Club, one of Europe's largest casinos, where you may "try your luck" at anything from craps to blackjack to chemin de fer.

Return flight and arrival in Baltimore via non-stop 707 Jet on Sunday, November 14.

All-inclusive cost—$389.00 per person (based on double occupancy). Federal transportation tax—$3.00 per person. Supplemental cost for single room—$48.00. Reservations on this fabulous trip can only be confirmed upon receipt of a deposit in the amount of $50.00 per person. All deposits and monies paid are refundable in full until September 25, 1971. After this date, refunds are subject to resale of reservation(s).

All deposits are to be made payable and sent to: Matterhorn Travel Service, 1923 West Street, Annapolis, Maryland 21401. For further information, please call 269-0123 (local Baltimore line).

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Drug Abuse and the Maryland Drug Abuse Authority

by Dr. David R. Nurco
Former Commissioner, Maryland Drug Abuse Authority

Presented to the Maryland Society of Hospital Pharmacists, North Arundel Hospital, March 11, 1971

What Is Drug Abuse?

It is not possible to understand the meaning of the term "drug abuse" without first recognizing that *using* drugs is not necessarily the same thing as *abusing* them. Since all drugs are taken for their effect—which is sometimes good and sometimes bad—it is necessary to know what drugs can do, taking into account that they can have side effects as well as direct effects.

What Are The Effects of Drugs?

The consequences of taking drugs are determined by a large number of interacting factors. Some of the obvious and important ones are the kind of drug used; the amount, manner, frequency, and duration of its usage; the person who uses it; and the total circumstances surrounding that person's use of it, including his expectations of what the drug will do. In other words, a person's response or reaction to any drug is basically the result of an interaction between an ingested or injected chemical, and a physically and psychologically complex individual. It is this interaction that gives drugs their potential to affect mind as well as body.

The possibility always exists that any drug taken (with or without official medical approval) can have an unexpected undesirable side effect—that is, an abusive outcome. It would be difficult to find even one drug which is not potentially dangerous for some people, under some conditions, at some dose level. The opposite is also true: some individuals can sometimes tolerate without any negative consequences a drug that most people react to badly.

Who Takes Drugs, And Why?

The incalculable number of people who take drugs includes those who smoke cigarettes and other substances, drink alcoholic beverages, ingest diet pills, and take sedatives at bedtime. It also includes individuals who sniff glue, smoke marijuana and hashish, take LSD, and inject heroin. Obviously a complete list of drug users and the kinds of drugs they use would be very long, and if it were fully descriptive, it would reflect great differences among both individuals and drugs.

But all drug users, regardless of the kind, amount, and frequency of the drug they use, share one important trait: they all take drugs because of some need. The nature and origin of their needs differ, of course, and in special circumstances such as medical emergencies, the drug-taking may be involuntary. In most cases, however, people freely choose to use a drug. This choice is made when someone buys an over-the-counter drug just as much as when an individual obtains and then smokes marijuana.

Etiology

Being informed requires, among other things, some understanding of why people get into trouble with drugs in the first place, and then—once they have a drug problem—why they don't simply stop taking drugs. These are matters that have already been studied at great length, and continue to be studied, because the issues are very complicated. I would like to review in detail only one of many concepts that are part of a theory of why people become and remain drug abusers. This is the concept of a "deviant subculture."

Deviant Subculture

First I would like to quote Albert Cohen, a sociologist who has offered a general explanation of why deviant individuals ultimately become involved in the development of deviant subculture.

Cohen begins by pointing out that most people experience a great deal of frustration from the strain of what he calls "ambivalence relative to institutional expectations."[1] Nevertheless, most people generally conform to these expectations because the consequences of conformity are defined as less costly than the consequences of deviance.

However, if the strain is great enough, some individuals will transfer to a different reference group—one which provides legitimate sanction for their deviant inclinations.

A third possible course for a potentially deviant individual is for him to act out his deviance on a "go it alone" basis. However, most persons reject this course, Cohen says, because it is the most costly of the three alternatives.

Apparently, then, deviant individuals will not choose the first alternative because it is too conformist, or the third because it is too costly. That leaves the second: joining a group that sanctions deviance.

In choosing this course, the deviant may participate in the building and perpetuation of a membership group geared to the satisfaction of illicit desires. Other membership groups of similar character may then interact with his, so that together they create a network of parts that reinforce the whole. The totality becomes a mutually supportive subculture.

History

The reinforcing value that a deviant subculture has for a drug addict has been obvious for a very long time—we have extensive historical basis for making this and a number of other statements about drug-taking. Drugs have been around for many, many centuries.

Various kinds of records show that they have been used to relieve pain and change the emotions of man for thousands of years. This is documented in Assyrian medi-

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[1] Albert K. Cohen, "The Study of Social Disorganization and Deviant Behavior," in *Sociology Today: Problems and Prospects*, Vol II, ed. by Robert K. Merton, Leonard Broom, and Leonard S. Cottrell, Jr. (New York and Evanston: Harper and Row, 1959), pp. 468-71.

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cal tablets. Egyptian inscriptions, and numerous other sources from antiquity. However, most of the information about drugs that is pertinent to modern civilization dates from the nineteenth century. In the late 1800's the British issued a series of drug reports that are still a hallmark. One of these is a 3000-page study of marijuana use in India; it is a rich classic that I recommend highly.

During the same period—the late 1800's—the British convinced the Emperor of China that opium produced in India and shipped by British merchants should be admitted for sale in China. By "convinced," I mean that under threat from the British Navy, the Emperor complied. He did not want to, but when a British gunboat in the harbor pointed its guns toward shore, he decided to open up China to traffic in opium.

There is real irony here, it seems to me, because this drug problem that was forced upon Oriental civilization quickly returned uninvited to Western civilization, and has been haunting us ever since. Orientals who came to America after having become addicted to opium in China, comprised one of three major groups who were using narcotics—chiefly opium and its derivatives—in this country by the turn of the century. (The other two were women who suffered from gynecological difficulties before appropriate medicines were developed, and Civil War veterans who became addicted to narcotics involuntarily as a result of medical treatment for severe wounds.)

Gradually, pharmaceutical chemistry added new synthetic drugs to the natural ones already known and used—for example, barbiturates were introduced into medicine in 1903, and then in the 1930's amphetamines were discovered. The history of drug manufacture and drug-taking through the years is well known, and now we are becoming acquainted also with the facts surrounding the emergence of drug *abuse* as distinguished from drug *use.* It is clear that more and more people are continuing to seek escape from reality with the aid of opium, heroin, morphine, dilaudid, codeine, a whole series of hallucinogenic drugs, and tranquilizers.

Most of these drugs are subject to special laws and regulations, of course. The earliest ordinance that I know of in this country was passed in San Francisco in 1875. Michigan followed suit two years later, passing a law in 1877 that restricted drugs. A few years later Tennessee did the same.

In 1902 the Federal government passed its own legislation to prohibit giving drugs to any natives of the Philippines. In 1909 the United States and several other major nations participated in a conference in Shanghai to discuss international control of drugs. Another international conference on this matter occurred at the Hague Convention of 1912, after which this country passed the Harrison Act. The Harrison Act outlawed the sale of all narcotics in the United States without a prescription. This law became the precursor of all subsequent Federal laws related to drugs.

At this time we have a solid structure of laws, state and Federal, for dealing with drug matters. In 1965 the Federal government passed the Drug Abuse Amendments to place further restrictions on stimulants and depressants. The Federal Controlled Substances Act of 1970 which went into effect on May 1, 1971 is similar to Maryland's new omnibus drug law that went into effect on July 1st, 1970.

Frequently Abused Drugs

Both the Federal Drug Abuse Amendments of 1965 and certain provisions of Maryland's omnibus law aim specifically at amphetamines and barbiturates. Amphetamines are stimulant drugs, and are often called "pep pills"—the pills that pep you up. Barbiturates, commonly called "goof balls," are depressant drugs—the pills that put you to sleep.

Narcotics are a different kind of drug: they are analgesics or pain relievers. Penalties for possessing and selling them for non-medical use are very strict. The most frequently abused narcotics—all of which are addicting—are heroin, morphine, codeine, and synthetic drugs such as demerol, dilaudid, and methadone.

Heroin is the drug that most narcotic addicts prefer, with the exception of medical personnel: they prefer demerol because it is readily available to them. ("Them" means doctors, nurses, and ancillary medical personnel.)

Marihuana is not a narcotic; it is a hallucinogen-like drug which is similar to though not so potent as LSD. Only two of the components of marihuana are active: they are known as Delta 8 and Delta 9. Together they give marihuana one consistent level of strength, and the level is low. Marihuana comes from the plant *Cannabis sativa,* and so does hashish, which is much more concentrated and thus stronger than marihuana.

It is possible to form a concentrate of the two active components of the *Cannabis sativa* plant: Delta 8 and Delta 9, which I mentioned a moment ago. This concentrate is called tetrahydrocannabinol, and it is much stronger than either marihuana or hashish. The activity of tetrahydrocannabinol has been compared to that of LSD. So far no medical purpose has been found for tetrahydrocannabinol, but there is some reason to believe that further research will reveal it to be an effective anti-depressant drug. It may eventually become the preferred drug of addits who are now using heroin, so tetrahydrocannabinol is some thing we must be very concerned about.

LSD and marihuana are—or can be—habit-forming, but they are not addicting drugs. By this I mean that they may be *psychologically* habit-forming or habituating, but not *physically addicting.*

The addicting drugs that I mentioned earlier (heroin, morphine, demerol, dilaudid, methadone, etc.) are sometimes inhaled, but usually they are taken intravenously. Intravenous injection is what addicts call "mainlining." For most addicts the initial injection is generally unpleasant, and produces nausea and vomiting. However, this does not deter those who have a need to continue, and with repetition the unpleasant effects disappear and are replaced by a feeling of euphoria together with a sensation called "flash." "Flash" has been compared to a sexual-like orgasm, followed by a feeling of having escaped wrom the worrisome aspects of reality. This "flash" gives the addict a promise of everything he has ever wanted in his life but never had, and without any work at all.

Maryland Drug Abuse Authority

In closing I would like to say a few words about the Drug Abuse Authority, and its responsibility for providing services in four major areas. I would like to outline what is planned in each of the four: education, prevention, treatment, and evaluation and planning.

EDUCATION

Education about drug abuse will be undertaken in several different areas, with the schools receiving particular attention. A detailed curriculum on drugs will be worked out in cooperation with the State Board of Education, and will then be taught in public and private

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elementary and secondary schools. This curriculum will make an honest presentation of facts about drugs, explaining objectively what drugs actually are; distinguishing carefully the difference between their use and abuse; and teaching what is now known about the consequences to the individual of drug-taking.

This same kind of basic information about drugs needs to be communicated also at an adult level to the general public, and to particular segments of the public who deal extensively with young people—teachers and clergymen, for example, and of course parents. The Authority plans to reach this audience through informational brochures and other materials written by its own staff to insure that their content is accurate and relevant to Marylanders.

PREVENTION

To help prevent drug abuse, the Authority will work toward early detection of the problem by professional persons and others who are in a position to note potential drug abuse. This will be accomplished chiefly through four prevention centers that are planned. They will be called Coordinating and Counseling Centers, and they will serve and be located in Metropolitan Baltimore, Western Maryland, Southern Maryland and Metropolitan Washington, and the Eastern Shore.

While these Centers will try to help all persons who seek assistance, they will aim especially at helping young persons and their families who need guidance in drug-related matters. They will make a particular effort to identify potential problems of drug abuse, emphasizing the importance of early detection.

Short-term counseling for individuals and families will be available at these Centers, but if long-term help with an on-going or potential drug-related problem seems indicated, staff members at the Centers will make arrangements for referral to appropriate helping agencies within the community.

Another activity of the Drug Abuse Authority aimed at prevention is the maintenance of a Drug Abuse Register to identify narcotic addicts, and determine whether they are using properly the programs designed to help them.

TREATMENT

The Drug Abuse Authority will create standards for treatment programs dealing with drug abuse, and licensing procedures for hospitals and other treatment centers.

It will assist in as many ways as it can, outpatient programs that are currently functioning under private auspices. All of these require continuing laboratory services to test whether patients are maintaining their therapeutic regimens, and the Drug Abuse Authority will help meet the cost of this testing. Alternative methods of outpatient treatment need to be developed, and the Authority will help to explore promising new possibilities.

Services for drug abusers must be *comprehensive*, and the Authority's activities in the area of treatment include post-acute management and rehabilitation after immediate treatment needs have been met.

EVALUATION

All programs dealing with drug problems will receive continuous evaluation by the Authority to insure that they carry out their intent, and to change their goals and methods when changes are required.

Hospital Pharmacy Section

APhA, ASHP Elect National Officers

APhA president-elect for 1972-1973 is Clifton J. Latiolais, a practicing hospital pharmacist in Columbus, Ohio. Mr. Latiolais is director of pharmacy services at the Ohio State University Hospitals. He defeated Mary Louise Anderson, Wilmington, Delaware community pharmacist. Both nominees are former speakers of the APhA House of Delegates.

ASHP president-elect for 1972-1973 is Wendell T. Hill Jr., director of pharmacy services at Detroit General Hospital. Mr. Hill defeated William H. Hotaling, hospital pharmacist from Schenectady, New York. Mr. Hill is also Associate Professor of Hospital Pharmacy at the College of Pharmacy, Wayne State University in Detroit.

New Collection of Drug Interaction Information Offered

An important new collection of drug interaction information will soon be available to pharmacists, physicians, nurses and other health care practitioners. "Drug Interactions-1," the first in a series of compilations of abstracts of articles dealing with the interactions of drugs, is being published by the American Society of Hospital Pharmacists. The abstracts included in "Drug Interactions-1" were originally printed in *International Pharmaceutical Abstracts* (*IPA*), a semimonthly journal published by ASHP that covers over 1,100 scientific and professional periodicals from throughout the world. All *IPA* abstracts since January 1970 have been on magnetic tape, and the "Drug Interactions-1" publication will be generated from this computer bank of abstracts.

"Drug Interactions-1" will include abstracts of the 300 articles on drug interactions covered by *IPA* from January 1970 to June 1971. The abstracts will be printed in the same format as in *IPA* and will contain the essential qualities and sense of the original article. A maximum of information in a minimum of words will be provided. This compilation will be over 50 pages long and will be thoroughly indexed according to the names and the pharmacologic classes of drugs involved in the interactions reported. As an indication of the depth of indexing, each abstract wil have an average of five subject index entries.

Commenting on "Drug Interactions-1," *IPA* Editor Dwight R. Tousignaut said, "This new publication will be a tremendous help to the practitioner or student who is concerned about keeping up with the flood of information on drug interactions. Drug interactions are being reported every day, not just in this country, but throughout the world. Since 'Drug Interactions-1' is derived from *IPA* which covers the literature worldwide, much of the information presented here is probably not available anywhere else as a single source."

"Drug Interactions-1" will be available next month and may be purchased from ASHP for $5.00. Orders are being accepted now and should be sent to: Drug Interactions-1, c/o American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Washington, D.C. 20014. Payment must accompany all orders.

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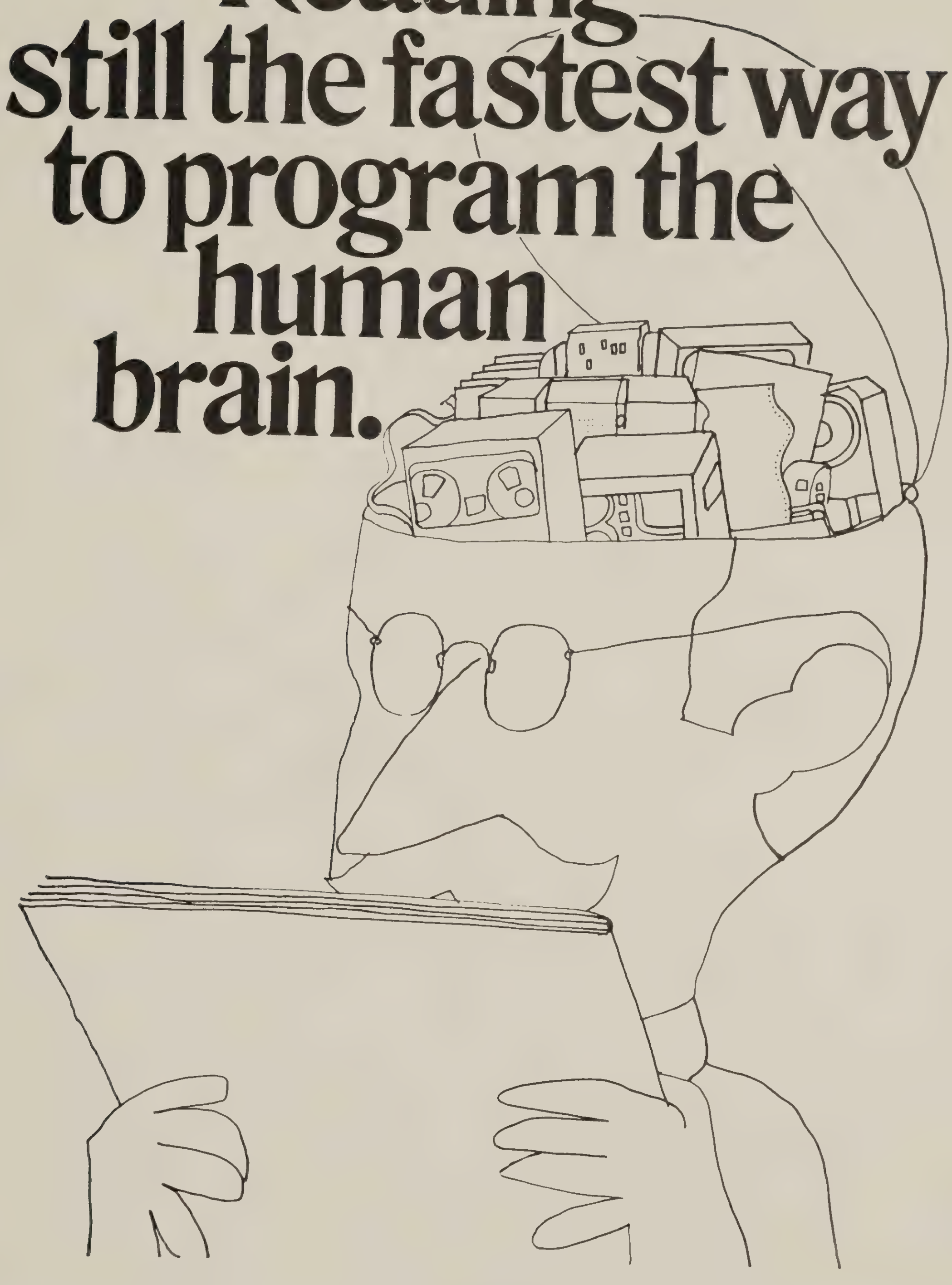

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Pharmacy School Plans Continuing Education Courses

Based upon the interest and probable attendance indicated by return of a questionnaire mailed out to all of the State's pharmacists, the Continuing Education Division of the School of Pharmacy is planning to offer a two-semester course in Pharmacology and a series of one-day lecture programs this coming year.

According to Henry G. Seidman, Director of Continuing Education Programs, the success of programs during the past two years and the widespread response to several questionnaires submitted to pharmacists throughout the State has prompted the Division to consider increasing its offerings to include additional subjects most requested by respondents.

Planned programs are:

(1) *Pharmacologic Basis for Therapeutics*: A 2-semester course, one night weekly from 7:00 to 9:30 p.m., beginning September 19, 1971 at the University of Maryland downtown campus. Estimated cost: $125.00.

(2) *Management of the Maintenance Care Patient*: A Sunday series of 4 programs at monthly intervals from 12:00 noon to 4:30 p.m., beginning January 23, 1972. Probable site: UMBC.

Tentative schedule:

January 23, 1972—The cardiac and diabetic patient.
February 27, 1972—The epileptic, asthmatic and emphysematous patient.
March 26, 1972—The patient with peptic ulcer, ileitis or colitis; the thyroid patient.
April 16, 1972—The pregnant and pediatric patient; home nursing care in all these areas.

Estimated cost: Complete $30.00, individual session $10.

(3) A one-day program with lectures in the area of *Antibiotics* and *Biological and Clinical Chemistry* (diagnostic agents, metabolic diseases) for presentation during October or November, 1971.

For further information call 955-7589 or 955-7650.

CLASSIFIED ADS

As a service to MPhA members, we offer a free classified ad service. Maximum number of words permitted under this free service is 25.

In replying to "blind" ads, address Ad No......., *Maryland Pharmacist*, 650 W. Lombard St., Baltimore. Md. 21201.

Commercial classified ads (single issue insertion) will be carried at 15 cents a word, minimum charge per insertion, $5.00. PAYMENT TO ACCOMPANY ORDER.

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Student APhA

APhA Executive Director Apple has named William F. McGhan, a 1970 Pharm.D. Degree recipient from the University of California at San Francisco, as the Executive Secretary of the Student American Pharmaceutical Association, effective August 1, 1971.

Under APhA sponsorship, the Student American Pharmaceutical Association has been awarded a $36,225 National Institute of Mental Health contract to test the effectiveness of an interdisciplinary approach to drug education and to determine the feasibility of launching such a program on a nationwide basis.

Under terms of the one-year contract, Student APhA will identify sites for and assist in the organization and implementation of drug education programs carried out by interdisciplinary student teams and aimed at students in secondary and elementary schools.

In The News . . .

SAMUEL LICHTER has been appointed Chief Pharmacist at the Union Memorial Hospital in Baltimore. A 1960 graduate of the University of Maryland School of Pharmacy, Mr. Lichter has been with the Union Memorial since 1964. He is a past president of the Maryland Society of Hospital Pharmacists. Sydney L. Burgee, Jr. will continue as Director of Pharmacy and Central Supply.

KARL WAGNER of Salisbury, Md. has been named Read's Pharmacist of the Month for the professional competence he has shown in the interest of public health. Mr. Wagner recently assisted in giving first aid treatment to a victim of a shooting which occurred in the vicinity of the pharmacy where he is employed.

FREDERICK M. FRANKENFELD, 1967 graduate of the University of Maryland School of Pharmacy, has been named Manager, Drug Data Processing Systems and Services, American Society of Hospital Pharmacists. Frankenfeld is currently completing a master's degree thesis at the University of Iowa based on his research on formulary automation. He is a past recipient of the MSHP Student Achievement Award and has been elected to the Rho Chi Society.

Obituaries

LAFAYETTE L. PIERPONT

Lafayette L. Pierpont, 86, died on June 6, 1971 at his home following a brief illness. Mr. Pierpont was a retired wholesale drug salesman who at one time worked for Loewy Drug in Baltimore.

RICHARD D. GIBBS

Richard D. Gibbs, 69, retired vice president and director of Peoples Drug Stores, died July 22 after a heart attack at his home in Fort Lauderdale, Florida.

Mr. Gibbs began his career with Peoples as a stock clerk in 1921. Three years later he became a registered pharmacist and stayed with Peoples until his retirement in 1967.

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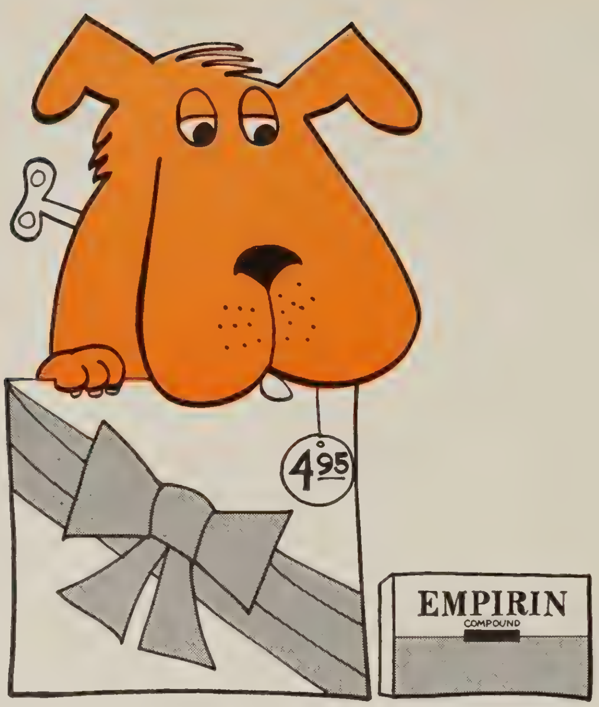

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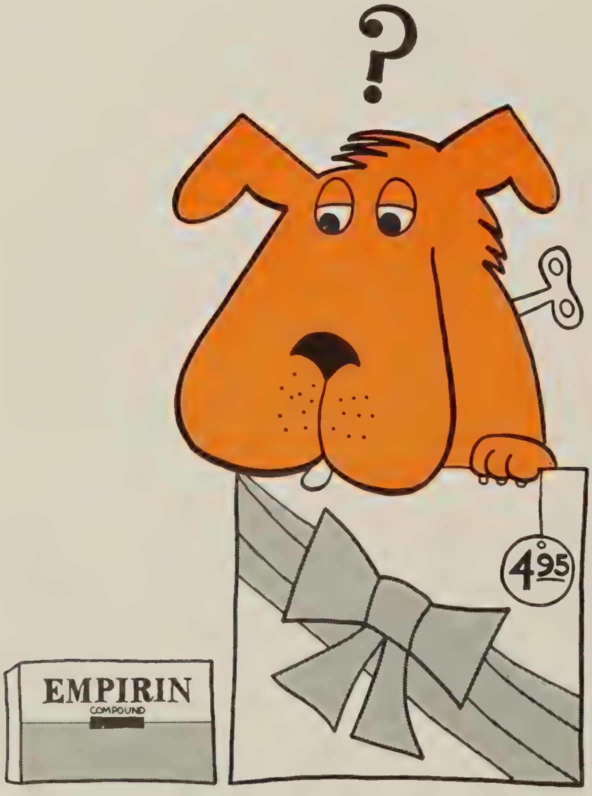

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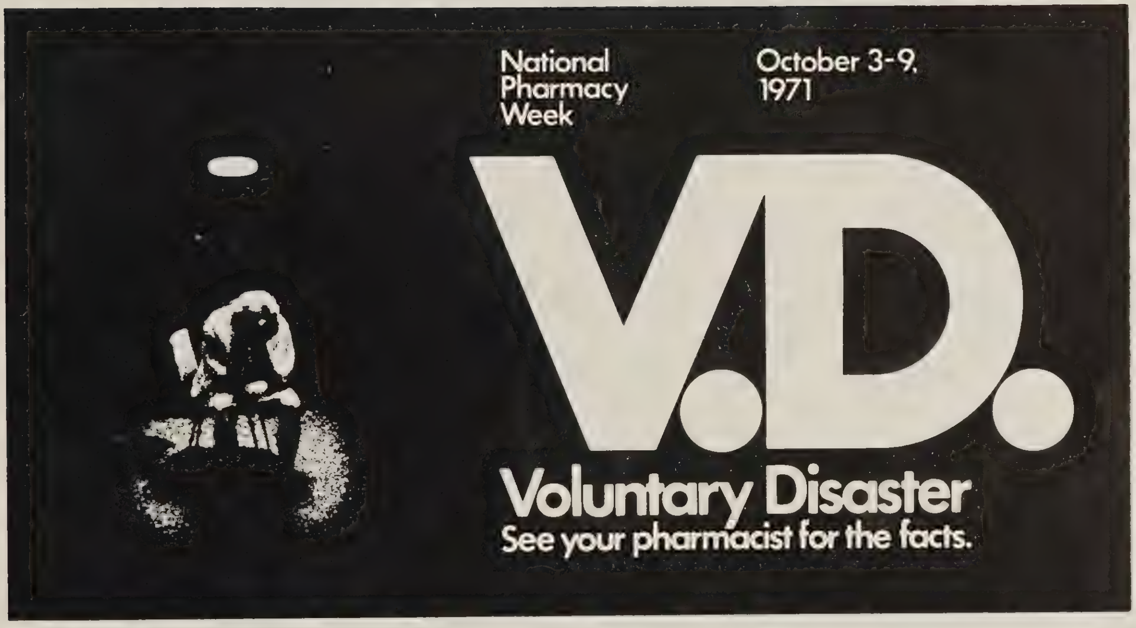
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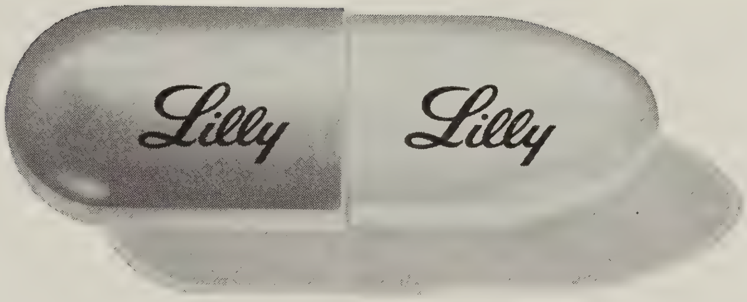

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Editorial . . .

Pharmacy and Public Health Education

No other health profession has either ease of access to or the frequency of contact with the public that pharmacy has.

Through the years the Maryland Pharmaceutical Association has fostered the concept of the pharmacy being the ready, convenient source of health information. For a number of years MPhA has had Health Information Racks available to its members as well as pamphlets on a wide variety of health subjects.

During the past 12 months MPhA has focused on the following public health areas among others:

—Drug abuse
—Diabetes detection
—Children's dental health
—Poison prevention
—Drug interactions
—Patient medication records
—Venereal disease

As an example of the catalytic effects of MPhA leadership in a recent campaign, we would like to relate some of the results of just one of our programs.

In Maryland in spite of a raging venereal disease epidemic, efforts on both state and local levels to combat V.D. did not seem to achieve the sense of urgency the crisis deserved. In the spring of 1971 the MPhA Executive Committee, realizing the gravity of the situation, decided to initiate a program to alert the public to the magnitude of the VD problem with the view of public health education in the prevention and treatment of V.D.

Under the chairmanship of Paul Freiman, a press conference was called which was attended by representatives of state and local health officials and medical society representatives as well as the media. The conference was most successful in achieving its goals.

The result has been publicity in the press and on radio and TV, with favorable editorial comment. The Medical and Chirurgical Faculty of Maryland (state medical society) has decided to join with the MPhA in an educational campaign. The State Department of Health is establishing a Commission on V.D. and has asked for a representative from MPhA. A seminar for health professionals has been arranged by the State Department of Health and the Johns Hopkins University. The Baltimore City Health Department is also interested in working out a joint program with MPhA and Med Chi.

This year the theme of National Pharmacy Week has been designated appropriately "V.D. — Voluntary Disaster."

Members will receive posters and additional informational pamphlets to distribute to their patrons. Newspapers, radio and TV announcements will direct the public to their pharmacies for information. A speakers' program involving physicians, pharmacists and pharmacy and medical students will be available throughout the coming year to bring the message to young people.

During the coming months other activities of MPhA, both alone and with the medical society and health agencies, will be announced.

Pharmacists are uniquely qualified to "rap" with their patrons, young and old. Pharmacists are readily accessible in all the neighborhoods of our cities, in every town and in most hospitals. We look forward to more and more pharmacists participating in all the many public health programs in which MPhA is engaged. These are constructive projects which identify pharmacists with the public interest, creating an image in the public mind which we trust will be justly deserved.

These are certainly the kinds of ongoing activities that all health professionals—pharmacists included — commit themselves to when they embark on a career in providing health care in their communities.

KERMIT D. WHITE

In June, a senseless tragedy occurred involving a dedicated community pharmacist, Kermit D. White, who lost his life in the line of duty at the hands of a desperate drug addict seeking to obtain drugs and money. He was a fine human being, a devoted husband and father, a friend to all the community and a worker on behalf of young people.

We remember him as one who responded to the responsibilities of his profession by participating in the MPhA committee working on the problems associated with neighborhood comprehensive health centers.

The Maryland and Baltimore Metropolitan Pharmaceutical Associations mourn the death of Kermit White and extend sincere sympathy to his family. In order to perpetuate his memory, MPhA and BMPA have brought together representatives of the community as well as pharmacists to plan a suitable memorial tribute.

The initial meetings suggest the establishment of a community project, perhaps in the field of drug abuse, in service to the youth of West Baltimore where Kermit White practiced and where he sponsored youth activities.

We are sure that the entire city as well as all pharmacists will respond when called upon to contribute to the memorial for Kermit White.

Nathan I. Gruz

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Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street

PHARMACY CALENDAR

October 3-9—National Pharmacy Week

October 7—MPhA Fall Regional Meeting, Playboy Club, Baltimore.

October 10-14—National Association of Retail Druggists Annual Convention, The Rivergate, New Orleans.

October 16-21—National Wholesale Druggists' Association Annual Meeting, Century Plaza Hotel, Los Angeles.

October 14—MSHP meeting at St. Joseph's Hospital,

October 21—(Thursday)—BMPA regular meeting.

November 4—(Thursday)—TAMPA Ladies' Night, Garland Dinner Theatre, Columbia. 7:30 p.m.

November 11—MSHP meeting at the USPHS Hospital, 7:30 p.m.

November 18—(Thursday)—BMPA Annual Meeting.

December 12-16—American Society of Hospital Pharmacists Sixth Annual Midyear Clinical Meeting, Washington, D.C.

January 30, 1972—56th Annual Installation Banquet & Dance, Baltimore Metropolitan Pharmaceutical Association, Blue Crest North.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

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For an immediate appointment with a P.I.A.A. representative, please contact P.I.A.A., 2000 Spruce Street, Trenton, New Jersey 08638, Phone: (609) 883-0696.

Summary of Minutes of Executive Committee and Board of Trustees Meetings

March 4, 1971

1. Communications included letter from International Congress of Pharmaceutical Sciences requesting support for meeting September 7-12, 1971, in Washington, D.C. Letter from manufacturer regarding advertising products changing from "available in groceries" to "your favorite dealer."
2. The President reported that Washington County Pharmaceutical Association had voted to affiliate with MPhA. The affiliation was endorsed. President attended Tri-Partite Committee meeting of School, Board of Pharmacy and MPhA to review changes in curriculum and new preceptor programs.
3. The Executive Director reported on H.B. No. 569 which would establish a Board of Health Service Assistants. The bill was written with very broad implications which could affect Pharmacy and supersede some of the functions of the Maryland Board of Pharmacy. Other activities included Swain Seminar, BMPA Executive Committee meeting, Crozier Testimonial Dinner, Maryland Society of Association Executives meeting; guest at AZO Breakfast Meeting featuring speaker from Paid Prescriptions, Inc.; meeting with William Donald Schaefer, President of Baltimore City Council; Med-Chi Pharmacy Liaison Committee meeting.
4. New Federal Controlled Substances Act discussed. Details to be presented at Spring Regional Meeting.
5. Effective date of the APhA "grandfather" provision for the local associations was put in line with their membership years, such as March 31, 1971 for Prince Georges-Montgomery County Pharmaceutical Association.
6. Details for observance of Poison Prevention Week including the printing and sale of labels with Poison Control Center telephone number were outlined.
7. The general format of the Convention and reconvened sessions in Jamaica was reviewed. Report was made on the Spring Regional Meeting. Prince Georges-Montgomery County Pharmaceutical Association will assist in the promotion.
8. Dean Kinnard reported on the new curriculum and preceptorship plan. A questionnaire will be sent out to all pharmacists regarding supportive personnel. A Task Force has been meeting on this issue. The entire Poison Information Center is to be moved with State Health Department approval, from the Baltimore City Hospitals to the School of Pharmacy.
9. A legislative report was made on Senate Bill No. 110 requiring placing name of drug on prescription label. Mr. Gruz testified for resolution regarding the role of advertising of proprietary drugs in drug abuse.
10. A report was heard on Prescription Drugs, Inc. Conferences have been held with some of the individuals involved. Paid Prescriptions contract discussed.
11. Paul Reznek was appointed a delegate to the APhA House of Delegates in place of Mr. Burgee who could not attend.
12. The Board voted to participate in the Maryland Science Fair.
13. Procedure adopted for nomination by mail ballot. General membership and affiliated associations will be asked to recommend nominees for the various offices, with a biographical sketch and qualifications for the office submitted to the Nominating Committee. There will be two nominees each for President-Elect; Vice-President and Treasurer. For the Board of Trustees there will be six pairs of candidates, the two opposing candidates being from the same area. Election Committee or Board of Canvassers to be composed of one member from each affiliated association selected by each organization. Function will be to insure all ballots remain sealed until opened by the Board, counted and certified for eligibility to vote.
14. Senate Bill No. 415 to place exempt narcotics on prescription only discussed. MPhA position reaffirmed for sale personally by the pharmacist in accordance with the present federal and state law regulations.

March 24, 1971

1. Communications included letter from APhA stating BNDD would mail inventory forms to all pharmacies. Letter from Dean Kinnard regarding Executive Committee action on School support of Rho Chi distribution of Poison Control Center labels. Letter from APhA to the Congress to place pharmacists under the same Selective Service provisions as other health professionals. Letter from Lt. Governor Lee acknowledging letter from President Fedder urging greater funding of the Drug Abuse Authority and stating this had now been done.
2. The President reported on his testifying before State Legislative Committee on a bill initiated by two pharmacists from Prince Georges-Montgomery County area to place exempt narcotics on prescription. He attended Open House at School of Pharmacy and taped radio program on Poison Prevention.
3. Executive Director reported on his attendance at legislative committee hearings, meeting with Prescription Drugs, Inc., meeting of Affiliated Merchant's Association, and meetings on Medicaid Program and Venereal Disease Education Program. Also meetings on Poison Prevention and Convention planning were attended.
4. The Membership Committee report indicates an increase in the non-owner-manager category of pharmacists but owner-manager category is behind. Membership figures to date are 445 compared to 432 last year.

VD prevention news

V. D. PREVENTION CAMPAIGN REINFORCES PHARMACISTS' EFFORTS

Youngs Drug Products Corporation, a leading producer of prophylactic products, has budgeted special funds for informative V.D. awareness and prevention advertising; it is helping to organize V. D. control campaigns, currently in eleven states and cities; its executives have been making presentations to teenagers and adults in organizations, colleges, service clubs, parents' groups and schools. More than 4 million copies in both Spanish and English of Youngs' pocket-size pamphlet, "Plain Talk About Venereal Diseases," have been distributed from coast to coast.

Plain Talk About Venereal Diseases
Take One

A major purpose of the Youngs program is to reinforce the role of pharmacists and their state associations as front-line fighters in the current battle against V.D. Company materials emphasize that pharmacists are the best sources for both prevention advice and prophylactic needs.

NEW V. D. PUBLICITY PROGRAM INVOLVES PHARMACISTS

As part of the many activities which make up its V. D. awareness and V.D. prevention program, Youngs Drug Products Corporation has launched a national publicity program. The company maintains a steady flow of information about the venereal disease problem and its prevention to all media—television, radio, newspapers and magazines. This has brought continuing editorial coverage on the magnitude of the V.D. problem and its control. The coverage highlights the pharmacists' key role in V.D. control work.

YOUTH NEEDS V.D. INFORMATION

America's young people badly need information about venereal disease, according to Melvin Clark, sales manager of Youngs Drug Products.

"Young people," says Mr. Clark, "are the prime 'V.D.-prone' age group. And it seems evident that much of this may be because they are not given the facts about V.D., particularly V.D. prevention. The average high school text on biology or hygiene contains dozens of pages of text about typhus, scurvy, beri-beri, bubonic plague, cholera, smallpox, even varicose veins. But most texts—we estimate about 98 percent—contain nothing, not even a sentence, about venereal disease."

"Students and their teachers, however, want the facts, and we welcome their inquiries," says Clark.

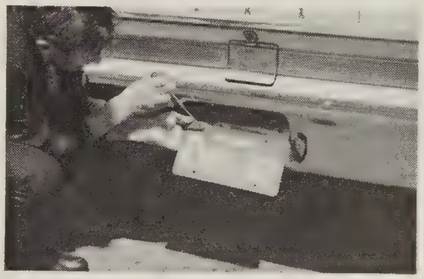
NEW HIGH SCHOOL V.D. PROGRAM STARTED

Venereal disease and its prevention were the subjects of a day-long session of New York City's giant Bronx High School of Science recently. Youngs Drug Products Corporation served as invited-guest impresario.

Unique thus far in venereal disease "awareness" activity, the programs started at 9:30 a.m. on a school day and continued for six successive large classes. Youngs' program on V.D. was shown each group, with a question period following each discussion. The speaker advised that the pharmacist was an excellent source for both prevention advice and prophylactic needs.

LICENSE PLATE CARRIES V. D. MESSAGE

Dr. Warren A. Ketterer, Head, Venereal Disease Section, California State Department of Public Health, carries his anti-V.D. message with him wherever he goes. His automobile has a very special license plate: "END V.D."



The plate attracts considerable attention on the roads, and has received favorable press mention in California.

YOUNGS EXECUTIVE ON TV

CBS-TV Station KNXT, Los Angeles, recently granted free air time to a sales executive of Youngs Drug Products Corporation to broadcast a hard-hitting plea for greater accuracy in describing the V.D. problem and for greater emphasis on V.D. prevention as the "prime dependable device in bringing V.D. under control."

According to Youngs, its West Coast sales manager, Harold Halberstadt, was given this free time over KNXT to answer one of the station's own broadcast editorials on the current epidemic scale V.D. increase.

John C. MacFarlane, president of Youngs, commented that KNXT's offer of prime TV time was "a gratifying example of the type of total community effort that can be mustered behind the all-out attack on the V.D. epidemic."

Produced by Youngs Drug Products Corporation,
Manufacturers of Trojans Brand Quality Prophylactics, 865 Centennial Avenue, Piscataway, New Jersey 08854.

5. Convention Committee chairman reported on status of Convention program. Original airplane for Jamaica trip was sold out and arrangements were being made for a larger plane.
6. Professional Relations Committee reported on forthcoming Med Chi exhibit on patient medication profiles.
7. A legislative report was made on Senate Bill 4 amendment requiring physician's signature to be legible on prescriptions.
8. A motion was passed concerning approving appointment of Executive Director and the consideration of employment of assistants.
9. Third-Party Payment Programs were reviewed along with activities of National Pharmacy Insurance Council. Motion passed on endorsement of policy whereby third-party payment programs would only be endorsed if dispensing of drugs is limited to pharmacists. "Paid Prescriptions" program for sample distribution by means of prescriptions through pharmacies was endorsed.

May 16, 1971

1. Communications included letter from Irvin Rubin, Editor of *Pharmacy Times* requesting support for a commemorative postage stamp in honor of Pharmacy.
2. The President noted in his report that this would be the last Executive Committee meeting before reorganization and thanked all for their cooperation extended to him.
3. The Treasurer's report indicated net income for the year of $24,704; expenditures, $17,621.10; $5,600 was temporarily transferred to the savings account.
4. Executive Director reported on his attendance at meeting of National Council of State Pharmaceutical Association Executives in connection with APhA convention. Work is proceeding under Dr. Samuel Fox on the campaign of the Maryland Pharmaceutical Foundation. Also attended the installation affair of the Prince Georges-Montgomery County Pharmaceutical Association. Major activities included: MPhA Convention planning and arrangements; inquiries regarding the Controlled Dangerous Substances Act (MPhA furnished rubber stamps and pads); APhA Annual Meeting—main topics: repeal of antisubstitution laws, "Pharmacy Doctor" degree, pharmacy recruitment; V.D., BMPA Camp Glyndon reconstruction project; "Suggested Guidelines for Pharmacy Practice" has been issued, published jointly by MPhA and MSHP.
5. The Membership Committee reported total membership to date at 586 versus 630 at the same time last year. Most of the new 1971 members are chain pharmacists.
6. The Public Health Information Committee outlined plans for V.D. Awareness Month in June. A press conference is scheduled in early June. The Speakers' Bureau on V.D. is also being set up.
7. The Legislative Committee reported on the 1971 legislative session and noted that Senate Bill 110 requiring labeling of ingredients on prescriptions was enacted.
8. The Third-party Payment Programs Committee reported on the increase for CHAMPUS prescription fees for Maryland from $1.85 to $2.00 and that the MEDI-MET program had increased its prescription fee to $2.00. There was discussion on some of the Union Prescription Prepayment Plans extending the maximum supply of drugs on a prescription to 90 days.
9. The motion to nominate Sydney Burgee as Speaker Pro-Tem of the House was passed.
10. The recommended budget of $44,500 was approved after a review of income and disbursements.
11. The Nominating Committee recommended the following names for filling the vacancy of Howard L. Gordy on the Board of Pharmacy for 1972: I. Earl Kerpelman, James W. Truitt, and Philip B. Lindeman. Simon Solomon was voted as an Honorary Life Member of the Board of Trustees.

June 10, 1971

1. The President asked committee chairmen to assume a more active role in the work of the Association and to delegate responsibilities.
2. The Treasurer's report showed that income from dues for the first five months of 1971 was lower than the same period of 1970. The Annual Convention this year was more of a financial success than last year's. Office expenses have been higher in 1971, attributed to the increased charges for mailing and printing.
3. The Executive Director asked for a moment of silence in memory of Dr. B. Olive Cole. Attendance was higher at the 1971 Annual Convention than in previous years. Other recent activities included the V.D. Awareness Campaign launched with a press conference that proved to be extremely effective. The exhibit at the Med Chi meeting was successful. About 50 pamphlets entitled "Drug Interactions" were mailed from the office as the result of requests from physicians who visited the exhibit. Director Gruz attended the meeting of the Maryland Society of Association Executives and attended the Governor's Commission on Aging meeting in preparation for the White House Conference on Aging. Approval was granted for Director Gruz to attend the third year of a three-year course in organization management to be held in Philadelphia in early August.
4. The membership committee is currently meeting with the membership committee chairmen in the subgroups. Because 30 pharmacies have closed last year, the membership figures in the owner-manager category are behind.
5. It was suggested that educational programs be included in the next Convention.
6. The Prepaid Prescription Program Committee chairman reported on the possible use of the standard form of the National Pharmacy Insurance Council. The need for legislation to allow negotiations by pharmaceutical associations was pointed out.
7. The matter of county Commissions on Aging listing pharmacies offering discounts was reported and was referred to legal counsel.

8. MPhA policy concerning the use of unregistered personnel in prescription departments was discussed. A committee chairman was appointed to study and report on this.
A committee was appointed to study and report on this.

9. The Legal Counsel reported on scheduled House Small Business Committee hearings on July 7, 8 and 9 on prepayment prescription plans. There was discussion regarding operation of pharmacies by corporations and nonpharmacists.

10. The following committee chairmen were approved:
Prescription Insurance Plans: M. Bookoff
Finance: J. McHugh
Legislative: P. Freiman
Membership: M. Rubin
School of Pharmacy: D. Fedder
Public Relations: C. Spigelmire
Professional Relations: S. Hospodavis; N. Warfield, Co-chairman
Public Health Information: P. Freiman
Constitution and By-Laws: M. Sollod
Institutional Pharmacy: R. Snyder

11. Bowl of Hygeia Award: Charles E. Spigelmire was approved as the recipient of the Robin Bowl of Hygeia Award for 1972.

12. Discussion was held concerning joint committees between MPhA and MSHP. The matter will be discussed with the new MSHP officers with a report to the Board of Trustees later.

13. Plans were reviewed for the London Trip November 7 to 14, 1971.

14. Brief discussion regarding increased representation on the Board for the Prince Georges-Montgomery area was held and the matter referred to the Constitution and By-Laws Committee.

July 8, 1971

1. Communications included a letter from Mr. Balassone regarding adoption of regulations on pacifiers, the first such regulation in the nation and a letter from the Maryland Diabetic Association requesting participation of MPhA in mobile testing program.

2. The Executive Director reported that Mr. Balassone has received the Wiley Award by the Association of Food and Drug officials of the U.S. and reported on attendance at the annual meeting in Washington of the National Coordinating Council on Drug Abuse Education as representative of state association executives. Mr. Gruz also attended the Maryland Health Careers meeting where health assistants legislation was discussed. He also reported on his correspondence to Governor Mandel regarding the inclusion of representatives of the MPhA on various governmental commissions. He noted that the Association is not endorsing the United Prescription Centers at the present time.

3. The membership committee reported a membership as of June 30 of 619 compared to 698 at the same time last year. The proprietor-manager category has decreased by 58.

4. The Prescription Insurance Plans Committee proposed the possibility of developing a formulary in conjunction with Med Chi for use on Medicaid and other prescriptions. Request made for increase in Medicaid Fee.

5. Dean Kinnard reported on the article in the *American Druggist* on the preceptor program. The Regional Medical Program is considering funding of a drug information center at the University which will be regional in scope and provide community service. The School will provide a two and one-half hour session at the 1972 annual Med Chi meeting on the new role of Pharmacy in drug interactions. The anticipated total of incoming students in the School is 65-68. Total incoming students must exceed the previous class by 10% for the School to qualify for federal funds.

6. Mr. Kaufman, the legal counsel, reported a Chicago meeting indicated that although there may be a shortage of pharmacists in Maryland, there is a national oversupply according to statistics.

7. The Metropolitan Guild of Pharmacists has requested representation in the House of Delegates. After considerable discussion, it was decided that the matter be brought up again for discussion at the next Board of Trustees meeting.

8. It was suggested that an appropriate memorial to Kermit White be established. Mr. White was fatally shot in a holdup attempt. A committee was appointed to suggest an appropriate tribute to him.

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Washington Spotlight For Pharmacists by APhA Legal Division

Security And The Controlled Substances Act

The security requirements for amphetamines, methamphetamines and their combinations are effective as of October 1, 1971.

The security controls for practitioners require that controlled substances in Schedules 1 and II shall be stored in a securely locked, substantially constructed cabinet. While pharmacies do not have Schedule I substances under normal circumstances, they may have substantial inventories of Schedule II substances, especially since the transfer of the amphetamine products.

Controlled substances in Schedule III, IV and V may either be stored in the same manner as Schedule II substances, or dispersed throughout the stock of non-controlled substances in such a manner as to obstruct the theft or diversion of the controlled substances.

Some pharmacies, may not at present have sufficient secure areas to store the Schedule II substances. The need to maintain excessive quantities of slow moving controlled substances is minimized under the Controlled Substances Act. The regulations allow for inter-pharmacy transfers of any controlled substance in an emergency situation, and a prescription for any controlled substance may be partially filled and the remainder dispensed within 72 hours for Schedule II substances and six months for Schedule III, IV or V substances. There are several ways in which pharmacies can maximize their present storage areas, and perhaps avoid the expenditure required to obtain more secure storage areas.

Dispense Schedule III Narcotic Substances

The most obvious way to achieve this, is to remove the former "Class B" narcotics from the secure areas. Under prior law, these products were required to be kept under lock and key, along with the "Class A" narcotics. The former "Class B" narcotics, are now in Schedule III, thus, they may be removed from the special storage area and dispersed throughout the stock of the non-controlled substances. This should increase the storage area available for the Schedule II products.

Return Or Disposal Of Excessive Stocks

Another way to achieve greater storage space for these substances, is to reduce the inventory of Schedule II substances. This could be accomplished in part by returning or disposing of those Schedule II substances which are either no longer in demand, outdated, or too old to dispense. Many pharmacists, have been reluctant in the past to remove these old narcotic products from their inventory and continue to carry them, rather than go through the "red tape" necessary to dispose of them. It may well be that the time involved in preparing such items for return or disposal, at this time, could result in appreciable savings. The disposal of these old stocks of narcotic drugs could, in some cases, result in enough of an increase in available security storage space to preclude further construction of such areas.

There are two major mechanisms by which a pharmacy may reduce its inventory of these substances.

Returns

The first method to consider, is the return of the substances to the manufacturer or supplier from whom they were obtained. The advantage in this method is the possibility that some credit may be issued to the pharmacy. A written record must be maintained for such returns of controlled substances which indicates:

a. the date of the transaction
b. the name, form and quantity of the substance
c. name, address and registration number of the person making the distribution; and
d. the name, address and registration number of the supplier or manufacturer.

A return of a Schedule II substance, requires the use of the official order form. The manufacturer or supplier must provide the pharmacy with Copy 1, of the official order form for the pharmacy records.

Disposal

The second method of removing excess controlled substances from a pharmacy's stock is disposal. The pharmacy will receive no credit using this method, but it is the only mechanism to dispose of those controlled substances which can no longer be returned. To dispose of controlled substances by this method, a request is filed with the appropriate Regional Director of BNDD (use BND Form 41) in triplicate. The form is available from the BNDD Regional Offices. The Regional Director, upon authorizing the disposal, will instruct the pharmacist to dispose of the controlled substances in one of the following manners.

1. By delivery to an agent of the Bureau or to the nearest office of the Bureau.
2. By destruction in the presence of an agent of the Bureau or other authorized person; or
3. By such other means as the Regional Director may determine to assure that the substance does not become available to unauthorized persons.

The time invested in returning or disposing of these controlled substances which are no longer needed or usable may help solve the security problem and save time in the taking of future inventories required by the Controlled Substances Act.

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*Interactions of Drugs**

by Richard A. Wankel, Staff Pharmacist and Sydney L. Burgee, Jr., Director of Pharmacy and Central Supply, The Union Memorial Hospital, Baltimore, Maryland

Reprinted from *Hospital Pharmacy*, 5,10 (1970)

Patients can be seriously harmed through interaction of drugs, especially by those that are unsuspected by the physician. These can be unrecognized or misinterpreted. The compounded activity of two drugs that affect the same receptor, same organ, or same system are usually expected, recognized, and understood. It is the more subtle, apparently unrelated, and poorly understood interactions that cause concern. Five pharmacological factors affect the activity of systemically administered drugs. They are absorption, protein binding, metabolism (detoxication), tissue distribution, and excretion. If a second agent changes one or more of these factors, the entire effect pattern of the original drug is altered. It has become obvious that such alterations of activity are not abstract laboratory principles, but real, serious clinical problems.

The principle of absorption

Proper absorption of weak acids and weak bases depends upon the pH of gastrointestinal fluids. Most organic molecules are absorbed in the nonionized form, so that acidic interactants tend to increase absorption of weak acids and retard absorption of weak bases. Alkaline salts, such as antacids, have the opposite effect. Drugs that are weak acids and bases are listed in Table 1 A, B.

Table 1. Weak Bases and Acids

A. Weak Bases	B. Weak Acids
Anticholinergics	Barbiturates
Antihistamines	Clofibrate
Antimalarials	Ethacrynic acid
Cardiac depressants	Mefenamic acid
Narcotic analgesics and derivatives	Nalidixic acid
Phenothiazines	Nitrofurantoin
Sympathomimetics	Phenylbutazone
Tricyclic antidepressants	Salicylates
	Sulfonamides
	Sulfonylureas
	Thiazides
	Thyroxine

Mono-amine oxidase inhibitors increase the action of sympathomimetics, narcotic analgesics and tricyclic antidepressants that are destroyed by mono-amine oxidase.

Vegetable oils increase absorption of nonionized medicinal agents, while mineral oil has the opposite effect.

Intestinal absorbants, e.g., Kaopectate, nearly always inhibit availability of concurrently administered drugs.

Surfactants, e.g., Colace, generally enhance the absorption of drugs, particularly those with poor lipid solubility.

Displacement from protein binding sites

Many drugs are bound to serum protein to a great extent. The bound portion is inactive but also protected from metabolic breakdown. An equilibrium exists between the amount of free drug and the amount that is protein bound. If a second drug having a greater affinity for the protein binding sites is introduced, the first drug may be released in overwhelming amounts, resulting in effects of overdosage followed later by symptoms of drug absence as the unbound drug is metabolized or excreted.

Drugs in Table 2A displace drugs in Table 2B, therefore increasing the action of the drugs in Table 2B; but there may also be interactions within each group of drugs. Coumarins may be considered as a middle point between the two groups of drugs; that is, able to be displaced by many drugs in Table 2A and able to displace many drugs in Table 2B.

Table 2. Drugs with Strong and Weak Affinity for Protein Binding Sites

A. Drugs With a Strong Affinity	B. Drugs With A Weak Affinity
Phenylbutazone	Coumarins
Phenyramidol	Alcohol
Sulfonamides	Sulfonylureas
Diphenyhydantoin	Methotrexate
Clofibrate	Steroid hormones
Dextrothyroxine	Penicillin
Indomethacin	Bilirubin
Salicylates	
Mefenamic Acid	
Chloral Hydrate	
Coumarins	

Tissue concentration and excretion

After absorption, some drugs remain primarily in the circulatory system. Others are distributed more or less equally with body water to all tissues. Still others are rapidly concentrated in particular tissues, such as adipose tissue, or at special organ receptor sites. As with protein binding, an agent that alters the usual distribution of a drug can change its effects.

Alcohol releases barbiturates from fat storage depots, causing an increase in the concentration of barbiturates in the blood stream.

Cholinestrase inhibitors, when combined with tricyclic antidepressants, increase penetration of the blood-brain barrier and cause more pronounced effects from the psychotherapeutic agent.

Antihistamines potentiate the pressor effects of levarterenol, apparently by interfering with tissue uptake.

Drug-induced modification of renal or biliary activity can potentiate or diminish the effects of many agents. In addition to its effect on absorption, pH changes alter kid-

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[*] Author's Note: This article is intended to be a guide, not a compendium. It is not a complete list of all possible drug interactions; therefore, absence of a particular drug cannot be interpreted to mean that the agent would not cause an interaction.

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ney excretion patterns. Urinary acidifiers, for example ammonium chloride, inhibit excretion of weak acids (see Table 1A) and thereby potentiate their action. Conversely, the acidifiers enhance excretion of weak bases (see Table 1B) and decrease their action. Urinary alkalizers, for example sodium bicarbonate, produce the opposite effects in both groups mentioned.

At the end of the article are listed some categories of drugs (Appendix 1) and interactions (Appendix 2).

Medications can alter the metabolic rates of other agents by stimulating (Table 3) or inhibiting (Table 4) the metabolic enzymes of the liver microsomes, thereby speeding or slowing the detoxication of the other agent. Pharmacologic activity of the affected agent will increase if its metabolism is retarded and will decrease if its metabolism is accelerated.

Drugs that increase or decrease the action of other drugs may produce both desirable and/or undesirable results. A popular example of a desirable drug interaction is the potentiation of narcotic analgesics, e.g., Demerol by antihistamines, e.g., Phenergan. When drug action is decreased (for example the inactivation of tetracycline by antacids) or increased (for example the CNS depressant potentiation of barbiturates by alcohol), serious consequences may result.

The potentiality of drug interaction does not preclude the use of more than one therapeutic agent concurrently. It does, however, require that the prescriber be well informed and observant, and that he adjust dosage accordingly, if the patient is to benefit from the therapy.

Table 3. Enzyme Induction

Stimulator	Enhanced Metabolism
Phenobarbital and other barbiturates	Diphenylhydantoin, griseofulvin, coumarins, digitoxin, testosterone, bilirubin, cortisol
Glutethimide	Warfarin, dipyrone, glutethimide
Phenylbutazone	Aminopyrine, cortisol, coumarins
Haloperidol	Coumarin anticoagulants
Meprobamate	Meprobamate
Ethanol	Pentobarbital, tolbutamide
Diphenylhydantoin	Cortisol
Nikethimide	Bilirubin

Table 4. Enzyme Inhibition

Inhibitors		Decreased Metabolism
Coumarins	——	Tolbutamide
Phenylbutazone	——	Tolbutamide
Phenothiamizines	——	Alcohol
Desipramine	——	Amphetamines
Phenyramidol	——	Coumarins, Diphenylhydantoin, Tolbutamide
Quinidine	——	Coumarins

Appendix 1. Categories of drugs

Anticholinergics include:
- Atropine
- Belladonna
- Adiphenine (Trasentine)
- Thiphenamil (Trocinate)
- Trihexyphenidyl (Artane)
- Propantheline (Pro-Banthine)
- Dicyclomine (Bentyl)
- Mepenzolate (Cantil)
- Procyclidine (Kemadrin)

Antihistamines include:
- Diphenhydramine (Benadryl)
- Tripelennamine (Pyribenzamine)
- Promethazine (Phenergan)
- Carbinoxamine (Clistin)
- Chlorpheniramine (Chlor-Trimeton, Teldrin, etc.)
- Brompheniramine (Dimetane)
- Phenindamine (Thephorin)
- Cyproheptadine (Periactin)

Antimalarials include:
- Quinine
- Chloroquine (Aralen)

Cardiac depressants include:
- Procainamide (Pronestyl)
- Propranolol (Inderal)
- Quinidine
- Lidocaine (Xylocaine)

Cholinestrase inhibitors include:
- Edrophonium (Tensilon)
- Neostigmine (Prostigmin)

Coumarins include:
- Bishydroxycoumarin (Dicumarol)
- Phenprocoumon (Liquamar)
- Warfarin (Coumadin, Panwarfin)

Mono-amine oxidase inhibitors include:
- Isocarboxazid (Marplan)
- Nialamide (Niamid)
- Phenelzine (Nardil)
- Tranylcypromine (Parnate)

Narcotic analgesics and derivatives include:
- Morphine
- Dihydromorphinone (Dilaudid)
- Levorphanol (Levo-Dromoran)
- Codeine
- Methadone (Dolophine)
- Meperidine (Demerol)
- Proproxyphene (Darvon)
- Pentazocine (Talwin)

Phenothiazines include:
- Pfobethazine (Phenergan)
- Chlorpromazine (Thorazine)
- Promazine (Sparine)
- Prochlorperazine (Compazine)
- Perphenazine (Trilafon)
- Trifluoperazine (Stelazine)
- Fluphenazine (Prolixin, Permitil)
- Thioridazine (Mellaril)

Sulfonamides include:
- Sulfadimethoxine (Madribon)
- Sulfamethizole (Thiosulfil)
- Sulfamethoxazole (Gantanol)

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Sulfamethoxypyridazine (Kynex, Midicel)
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Sulfonylureas include:
Tolbutamide (Orinase)
Chlorpropamide (Diabinese)
Acetohexamide (Dymelor)
Tolazamide (Tolinase)

Sympathomimetics include:
Levarterenol (Levophed)
Metaraminol (Aramine)
Mephentermine (Wyamine)
Methoxamine (Vasoxyl)
Ephedrine
Pseudoephedrine (Sudafed)
Phenylephrine (Neo-Synephrine)
Dextro-Amphetamine (Dexedrine)
Methamphetamine (Desoxyn, Methedrine)

Tetracyclines include:
Demethylchlortetracycline (Declomycin)
Oxytetracycline (Terramycin)
Tetracycline (Achromycin, Tetracyn, Tetrachel, Panmycin, Sumycin)

Thiazides include:
Chlorothiazide (Diuril)
Hydrochlorothiazide (Hydrodiuril, Esidrix, etc.)
Benzthiazide (Exna)
Bendroflumethiazide (Naturetin)

Tricyclic antidepressants include:
Amitriptyline (Elavil)
Desipramine (Pertofrane, Norpramin)
Imipramine (Tofranil)

Appendix 2. Alphabetical list of some drugs and their interactions

A

Acetazolamide (Diamox)—increases action of Table 1B drugs; decreases action of Table 1A drugs

Alcohol—increases action of barbiturates, chloral hydrate, glutethimide, narcotic analgesics; decreases action of sulfonylureas; action is increased by Table 2A drugs, phenothiazines, mono-amine oxidase inhibitors.

Aminosalicylic acid (Pamisyl)—action is increased by probenecid.

Ammonium chloride—increases action of Table 1A drugs; decreases action of Table 1B drugs

Antacids—increase action of Table 1B drugs; decrease action of Table 1A drugs, tetracyclines

Anticholinergics—increase action of Table 1B drugs; decrease action of Table 1A drugs

Antihistamines—increase pressor effect of levarterenol; action is increased by Table 1B drugs; action is decreased by Table 1A drugs

Antimalarials—action is increased by Table 1B drugs; action is decreased by Table 1A drugs

B

Barbiturates—action is increased by Table 1A drugs, alcohol, probenecid; action is decreased by Table 1B drugs; decrease action of coumarins, diphenlhydantoin, griseofulvin, digitoxin, corticosteroids, testosterone

C

Calcium chloride—increases action of Table 1A drugs; decreases action of Table 1B drugs

Cardiac depressants—action is increased by Table 1B drugs; action is decreased by Table 1A drugs

Chloral hydrate (Noctec, Somnos)—increases action of coumarins and diphenylhydantoin; action is increased by alcohol

Cholinestrase inhibitors—increase action of tricyclic antidepressants

Clofibrate (Atromid-S)—increases action of Table 2B drugs; action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

Cortisone drugs—action is decreased by phenylbutazone, barbiturates, diphenylhydantoin

Coumarins—increase action of Table 2B drugs; action is increased by quinidine and methylphenidate; action is decreased by Table 2A drugs, griseofulvin, diazepam, barbiturates, chloral hydrate, glutethimide

Cyclamates—decrease action of lincomycin

D

Dextrothyroxine (Choloxin)—increases action of Table 2B drugs

Diazepam (Valium)—decreases action of coumarins

Digitalis drugs—toxicity increased by thiazides

Digitoxin—(Crystodigin, Purodigin)—action is decreased by barbiturates

Diphenylhydantoin (Dilantin)—action is increased by phenyramidol, methylphenidate and probenecid; action is decreased by barbiturates, chloral hydrate and glutethimide; increases action of Table 2B drugs; decreases action of cortisone drugs

E

Ethacrynic acid (Edecrin)—action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

G

Gentamicin (Garamycin)—decreases action of neomycin

Glutamic acid HCL (Acidulin)—increases action of Table 1A drugs; decreases action of Table 1B drugs

Glutethimide (Doriden)—increases action of sulfonylureas; decreases action of coumarins and diphenylhydantoin; action is increased by alcohol

Griseofulvin, (Grifulvin Fulvicin)—decreases action of coumarins; action is decreased by barbiturates

Guanethidine (Ismelin)—action is increased by phenothiazines; action is decreased by tricyclic antidepressants

H

Hematinics—decrease action of tetracyclines

I

Indomethacin (Indocin)—increases action of Table 2B drugs

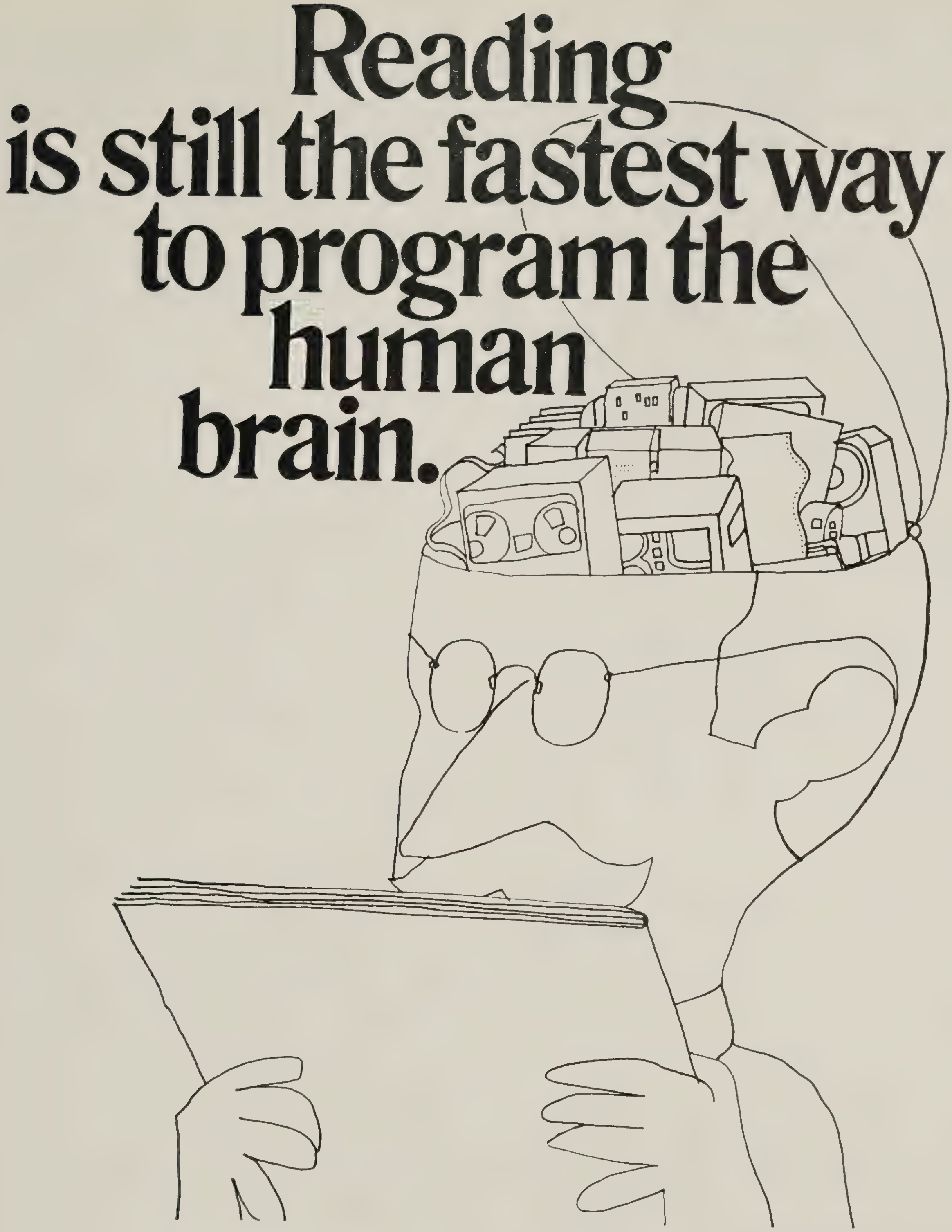
L

Levarterenol (Levophed)—pressor action increased by antihistamines

Linomycin (Lincocin)—action is decreased by cyclamates

M

Mefenamic acid (Ponstel)—action is increased by Table 1A drugs and probenecid; increases action of Table 2B drugs; action is decreased by Table 1B drugs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Methotrexate—action is increased by Table 2A drugs

Methylphenidate (Ritalin)—increases action of tricyclic antidepressants, coumarins, diphenylhydantoin, primidone

Mineral oil—decreases absorption of fat soluble vitamins

Monoamide oxidase inhibitors—increase action of alcohol, narcotic analgesics, sympathomimetics, tricyclic antidepressants

N

Nalidixic acid (Neggram)—action is increased by Table 1A drugs and probenecid; decreases absorption of oral penicillin; action is decreased by Table 1B drugs

Narcotic analgesics and derivatives—action is increased by Table 1B drugs, mono-amine oxidase inhibitors, alcohol; action is decreased by Table IA drugs

Neomycin—decreases absorption of oral penicillin; action is decreased by gentamicin

Nitrofurantoin (Furadantin, Macrodantin)—action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

P

Penicillin-oral absorption is decreased by nalidixic acid and neomycin; action is increased by Table 2A drugs and probenecid. Cerebrospinal fluid level is increased by probenecid

Phenothiazines—increase action of alcohol and guanethidine; action is increased by Table 1B drugs; action is decreased by Table 1A drugs

Phenylbutazone (Butazolidin)—increases action of Table 2B drugs; decreases action of coumarins and cortisone drugs; action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

Phenyramidol (Analexin)—increases action of Table 2B drugs, diphenylhydantoin, sulfonylureas

Primidone (Mysoline)—action is increased by methylphenidate

Probenecid (Benemid)—increases action of Table 1B drugs, penicillin, diphenylhydantoin, para-aminosalicylic acid; increases cerebrospinal level of penicillin

Q

Quinidine—increases action of coumarins

R

Reserpine (Serpasil)—action is decreased by tricyclic antidepressants

S

Salicylates—increase action of Table 2B drugs; decrease action of coumarins; action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

Sodium bicarbonate—increases action of Table 1B drugs; decreases action of Table 1A drugs

Steroid hormones—action is increased by Table 2A drugs

Sulfonamides—increase action of Table 2B drugs; action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

Sulfonylureas—action is increased by Table 1A and 2A drugs, probenecid and glutethimide; action is decreased by alcohol

Sympathomimetics—action is increased by Table 1B drugs and mono-amine oxidase inhibitors; action is decreased by Table 1A drugs

T

Testosterone—action is decreased by barbiturates

Tetracyclines—action is decreased by antacids and hematinics

Thiazides—increase toxicity of digitalis drugs; action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

Thyroxine (Synthroid)—action is increased by Table 1A drugs and probenecid; action is decreased by Table 1B drugs

Tricyclic antidepressants—action is increased by Table 1B drugs, mono-amine oxidase inhibitors, methylphenidate, cholinestrase inhibitors; action is decreased by Table 1A drugs; decreases action of guanethidine and reserpine

V

Vitamins, fat soluble—absorption is decreased by mineral oil

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New Prescription Forms Must be Used After December 31

Pharmacies will be requested to discontinue use of MS-6A refill blanks after December 31, 1971. Also, prescribers will be asked to discontinue using the old MS-6 prescription form when ordering medication for Maryland Medical Assistance patients.

After December 31, all prescriptions must be written on the new Prescription and Pharmacist's Invoice Form, DHMH-235 and refills on form DHMH-236.

Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery Pharmaceutical Association held a special meeting on Health Maintenance Organizations (H.M.O.) on Thursday, September 9, at the National Institutes of Health Clinical Center Auditorium. Dr. Daniel Y. Patterson, Director, Office of Health Maintenance Organizations, H.E.W., discussed HMO's with a question and answer period following. The meeting was arranged by Program Chairman, Edward D. Nussbaum.

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University of Maryland School of Pharmacy

School of Pharmacy Alumni Association

The following officers were installed at the Alumni Banquet of the University of Maryland School of Pharmacy on June 2, 1971: President, Anthony G. Padussis; First Vice President, Ronald Sanford; Second Vice President, Charles Tregoe; Executive Secretary, Dorothy S. Levi; Treasurer, H. Nelson Warfield.

Executive Committee members installed were: Harry R. Wille, Arnold Amass, Mary W. Connelly, Nicholas Lykos, Marvin Goldberg, Charles Sandler and David Serpick.

Appointments and Promotions at School of Pharmacy Announced

Dr. William J. Kinnard, dean of the University of Maryland School of Pharmacy, has announced the following appointments and promotions for the academic year:

Appointed coordinator of the professional experience program and associate in the department of pharmacy: William J. Edmondson.

Appointed clinical associate, pharmacology and toxicology: Karen T. Collins.

Appointed adjunct professor, pharmacology and toxicology: Dr. C. Jelleff Carr; adjunct professor, microbiology: Dr. Donald E. Shay.

Appointed adjunct associate professor, pharmacology and toxicology: Dr. Helmut F. Cascorbi.

Appointed adjunct assistant professor, pharmacy and medicinal chemistry: William J. Mader; adjunct assistant professor, pharmacy: Winifred Sewell.

Appointed clinical instructors (institutional pharmacists): Adolph Biasini, Holy Cross Hospital; Richard J. Brodeur, Georgetown University Hospital; Mary W. Connelly, Mercy Hospital; Kent Johnson, U.S. Public Health Service Hospital, Baltimore; Douglas R. Mowrey, Washington Hospital Center.

Appointed clinical instructors (community pharmacists): Morton Abarbanel, Daniel S. Baker, Richard Baylis, Samuel Bialek, Jerome Block, Morris Bookoff, Gerald I. Cohen, John W. Conrad, Jr., James B. Culp, Jr., Joseph U. Dorsch, Donald B. Elliott, Jr., Donald O. Fedder, Paul Freiman, Robert W. Henderson, Marc Lachman, Ronald Lubman, Richard A. Metz, Martin B. Mintz, Victor H. Morgenroth, Jr., Anthony J. Padussis, Chester I. Price, Edward B. Roth, Melvin N. Rubin, Irving E. Swartz, John R. Thomas, Vito Tinelli.

Student APhA-MPhA Chapter Elects New Officers

The University of Maryland School of Pharmacy Student APhA-MPhA Chapter recently announced the following election results:

President: Paul R. Webster
Vice President: Stephen B. Bierer
Secretary: Donna S. Levin
Treasurer: Dennis R. Reaver

All correspondence may be sent to them at the University of Maryland School of Pharmacy, 636 W. Lombard Street, Baltimore, Maryland 21201.

Pictured at the School of Pharmacy Annual Alumni Banquet held on June 2 at Eudowood Gardens are: (l to r) *top left*—Harry R. Wille, out-going president of the Alumni Association presenting certificates commemorating 50 years of service in Pharmacy to Samuel Block, Donald Shannon, W. Chester Shoemaker, and Robert Wooten; *top right*—Dr. C. T. Ichniowski presents Honorary Alumni President's Award to Robert Wooten; *bottom left*—Dr. Samuel L. Fox, President of the Alumni Foundation, receives award from Dr. John C. Krantz; *bottom center*—Kenneth Walters, President of graduating class, addresses group; *bottom right*—Harry R. Wille turns over gavel to incoming president, Anthony G. Padussis as Dr. Frank Slama, former professor of Pharmacology and Mary W. Connelly, past secretary of the Alumni Association, stand by.

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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists Meeting of September 9, 1971

The September 9 meeting of the Maryland Society of Hospital Pharmacists was held at the Johns Hopkins Hospital in Baltimore. Guest speaker for the evening was Dr. Norman Fost, Assistant Professor of Pediatrics, Children's Medical and Surgical Center, The Johns Hopkins Hospital. His talk was entitled "Drugs and the Pediatric Patient." Dr. Fost reviewed types of drugs that are contraindicated during pregnancy and described some of the problems that newborn can have with certain drugs.

The Squibb Past President's Award was presented to Robert E. Snyder by F. Daniel Kammen, Hospital Division Manager of E. R. Squibb & Co. The Society nominated Milton Skolaut and Dr. Peter P. Lamy as candidates for the 1972 Harvey A. K. Whitney Lecture Award. Clarence Fortner reported on the 1971 Hospital Pharmacy Seminar and announced that the 1972 seminar dates were tentatively set for June 9 through June 11 at the Carousel Motel in Ocean City, Maryland.

Other reports included those of Dr. Peter P. Lamy, Chairman of the Peer Review Committee; Samuel Lichter, representative to MPhA's Medicaid Committee; and Charlotte B. Sholleck, representative to MPhA's Legislative Committee. Bernie Fisher and Samuel Lichter were recently appointed to the position of Chief Pharmacist at St. Agnes and Union Memorial Hospital respectively. A one-day joint seminar is planned for the Washington and Maryland Societies on October 23, 1971 at Friendship Airport Motel.

The President, Mary Connelly, thanked Henry Derewicz for hosting the meeting, Vincent dePaul Burkhart for arranging the meeting and E. R. Squibb and Co. for sponsoring the meeting. The meeting adjourned at 9:30 p.m.

ASHP's Midyear Clinical Meeting Will Focus on Health Care Delivery

Hospital pharmacists will focus their attention on America's health care delivery system when ASHP's Sixth Annual Midyear Clinical Meeting convenes December 12-16, 1971. The meeting will be held in Washington, D.C., a fitting location for discussing health care delivery, currently one of the nation's hottest political issues. In two general sessions, the ASHP Midyear Meeting will explore the pressures for change in the health care delivery system and will discuss possible responses to these pressures. Leaders from throughout the health care professions and the political arena are slated to appear on the program. The speakers will keep in mind the unique role pharmacists play in health care and how this role may be expanded as new approaches to the delivery of health care evolve.

Following the format of the 1970 Midyear Meeting, the entire four-day program will consist of three general sessions, four contributed papers sessions, an exhibit program and eight clinic forums. The program will be devoid of the many conflicting activities of the Annual Meeting, allowing registrants to devote their full attention to specific areas of study.

In addition to the two general sessions devoted to topics on health care delivery, a third session will be devoted to current drug therapy. Specific topics covered in this session will be "drugs and the newborn," "burn therapy," and "drug treatment of leukemia."

The contributed papers sessions are expected to cover a wide range of topics of interest to hospital pharmacists and community pharmacists providing service to small hospitals and nursing homes. Individuals wishing to present contributed papers must submit titles and abstracts (200-250 words) before September 1, 1971. The deadline for completed manuscripts is November 1. Titles and abstracts should be submitted to Warren E. McConnell, Ph.D., Director, Education and Training, ASHP.

The clinic forums, held for the first time last year at the Anaheim Midyear Meeting, will be open discussion sessions on various topics in hospital pharmacy. Registrants will be permitted to move freely from one discussion group to another to allow maximum participation and to stimulate an uninhibited flow of ideas.

The exhibit program will add an important dimension to this educational meeting. Registrants will have an opportunity to discuss with company representatives the latest developments in the hospital pharmacy field.

The Sixth Annual Midyear Clinical Meeting will be held in Washington's famous Shoreham Hotel. The registration fee is $45.00 for ASHP members and $55.00 for nonmembers. Residents in hospital pharmacy programs may register for $22.50 and undergraduate students for $10.00. One-day registration is $15.00 for members and $17.50 for nonmembers. A registration form and hotel reservation information may be obtained by writing to the Director of Education and Training, American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Washington, D.C. 20014.

ASHP, USP and FDA Cooperate In Defect Reporting Program

The American Society of Hospital Pharmacists, the United States Pharmacopeial Convention, and the Food and Drug Administration are cooperating in a pilot drug product defect reporting program. The program is designed to detect the various problems in pharmaceutical quality associated with the manufacturing and packaging of pharmaceuticals and to establish a central reporting system.

In addition to coordinating the entire program, U.S.P. will take the reported problems into account when it revises or devises drug standards. Copies of the reports will be forwarded to the Office of Scientific Coordination of the FDA and to the manufacturer or distributor involved.

Drug product defects include the entire spectrum of defects which might be noted by a pharmacist when he receives or dispenses a drug product. A reportable defect could involve packaging, labeling, the immediate container, closure, contents, or the drug itself.

A.Z.O. Pharmaceutical Fraternity

Kappa Chapter of the Alpha Zeta Omega Pharmaceutical Fraternity will host the organization's Fall Regional Meeting on November 6 and 7 at the Hunt Valley Inn.

The Registration and Hospitality Room will open at noon on Saturday and the Board meetings will start at 3:00 p.m. for both the Fraternity and Women's Auxiliary. Highlight of the Awards Night Banquet on Saturday evening, will be the presentation of Honorary Membership to Dr. William J. Kinnard, Jr., Dean of the University of Maryland School of Pharmacy. The convention winds up Sunday with a Brunch, national fraternity and auxiliary meetings, and a Farewell Dinner.

Gerald Freedenberg is President of Kappa Chapter this year, and Mrs. Steven Buckner is President of the Women's Auxiliary.

Spectro Industries Reports Substantial Increase In Sales And Earnings

Spectro Industries, Inc., the country's fifth largest distributor of drugs, medical supplies and equipment, reported a substantial increase in sales and earnings for the first 12 week period ended June 23, 1971. Loewy Drug and District Wholesale are among its five distribution centers.

Net earnings rose 80 percent to $172,693 or 11 cents a share from $95,962 or seven cents a share for the same period a year ago. Sales increased 18 percent to $16,704,269 from $14,176,450.

NARD Announces Program For New Orleans Convention

The 73rd Annual Convention and Drug Show of the National Association of Retail Druggists to be held in New Orleans, Louisiana, October 10-14, 1971 at the Rivergate Exhibition Center and Convention Hall will have as its central theme: "The Community's first line of defense in providing effective health care for all citizens lies in the efficiency of the independent retail pharmacist."

Among the distinguished speakers who will address the convention will be: Senator Hubert H. Humphrey (D-Minn.) and Representative Gerald R. Ford (R-Mich.), Minority Leader, United States House of Representatives.

Three special panel presentations will be presented during the Convention:

(1) "Controlled Substances Act of 1970."
(2) "The Future of Third Party Prescription Payment and Community Pharmacists."
(3) "Cosmetic Merchandising."

A new film of interest to the entire field will be presented by the Pharmaceutical Manufacturers Association. Special entertainment features will include a concert by Al Hirt, internationally known trumpet player; Pete Fountain, eminent jazz clarinetist; a night on the town and a parade of authentic Bourbon Street entertainment.

Post convention trips will include a seven-day Caribbean cruise or an 8-day 7-night Mexican trip to Mexico City and Acapulco.

Product Announcements

Ortho Diagnostics has introduced a diagnostic system for detecting the antigen associated with hepatitis. The new test called *Hapindex Diagnostic Test* will help curb this highly contagious liver disorder by identifying blood containing the antigen associated with hepatitis so that it will not be given in transfusion. Starting October 1, all blood banks inspected for American Association of Blood Banks accreditation must test for the hepatitis antigen.

The test is based on a phenomenon called counter-electrophoresis. When current is passed through blood samples containing the antigen associated with hepatitis, a thin white band forms, indicating a positive test. The Hapindex System was developed jointly by scientists at the Ortho Research Foundation and Millipore Corporation.

Mor-tek U, a low-cost, compact kit used to identify the heroin user quickly and easily, has been developed by RPC Corporation. The contents of the kit are used with a urine specimen from the suspect. Morphine in the specimen, even in minute quantities, can be detected in minutes. For more information, contact RPC Corporation, 1222 East Grand Avenue, El Segundo, Calif. 90245.

Lederle Laboratories announces the introduction of *Flu-Immune X*-31, a new bivalent influenza vaccine available in 10cc vials.

Eaton Laboratories has recently marketed a new form of Chloraseptic. The new product is called *Chloraseptic Aerosol Spray* and is available in 1.5 oz. size.

USV Pharmaceutical announces the introduction of *DBI-TD* 100 *mg.* (timed-disintegration phenformin HC1) packaged in 100's and 500's.

In The News . . .

PAUL FREIMAN has been designated as MPhA representative to the newly formed Maryland State Venereal Disease Commission established by the State of Maryland Department of Health and Mental Hygiene.

WILLIAM B. HENNESSY, past president of the APhA in 1969-70, has been named as the 1971 recipient of the J. Leon Lascoff Memorial Award presented by the American College of Apothecaries. The award will be presented during the 31st Annual ACA Convention at Hunt Valley, Maryland, October 1-4, 1971.

LINWOOD F. TICE, past president of the APhA in 1966-67 and Dean of the Philadelphia College of Pharmacy and Science, has been named recipient of the 1971 Remington Honor Medal of the American Pharmaceutical Association. Presentation will be made on December 2, 1971, at the Remington Medal Dinner in the Statler Hilton Hotel, New York City.

BERNARD FISHER, pharmacist at St. Agnes Hospital was recently promoted to Chief Pharmacist at the hospital.

Obituaries

KERMIT D. WHITE

See Editorial, page 7

The following obituary is based on a presentation at the funeral service of Kermit D. White on July 6, 1971, following his death on July 2 as the result of gunshot wound:

Kermit Donald White, son of the late Lena and Peter White, was born on May 28, 1929, in Baltimore, Maryland. At an early age he was baptized at the Metropolitan Methodist Church. A devoted husband and father he believed in praying and would see that his children prayed each night before going to sleep.

After attending the Baltimore City Schools and graduating from Frederick Douglass High in 1947, he attended Morgan State College. His education was interrupted during this period while he served in the U.S. Air Force. Following honorable discharge he attended Howard University School of Pharmacy and was graduated in 1963.

Well known as an affable pharmacist at Read's Drug Store, North and Pennsylvania Avenue, he later became manager of Read's Drug Store at Liberty Heights Avenue and Garrison Boulevard. His life's aspiration was to own and operate a drug store, and in 1967 he opened the White's Pharmacy at Edmondson Avenue and Wildwood Parkway.

He was a member of the Chi Delta Mu Fraternity and the American Pharmaceutical Association. He also sponsored the Edmondson Village Little League Baseball Team. His demise has affected the lives of many people, particularly those in the neighborhood of the drug store. He loved his customers who knew him as "Doc," and he went beyond the call of duty to serve each and every one.

He is survived by a devoted wife, Sylvia; two sons and a step-son, Kermit and Wayne White and Gilbert Dolby; two aunts, Mrs. Beulah DePree of Baltimore and Mrs. Carolyn Jackson of Portsmouth, Virginia; a mother-in-law, Mrs. Bertha Williamson of Baltimore; and a host of relatives and friends.

BERNARD A. PETTIT

Bernard A. Pettit, 67, retired Washington pharmacist, died on July 24 at Rogers Memorial Hospital, Washington, D.C. Mr. Pettit was registered in Maryland by reciprocity in 1928.

HARVEY E. TODD

Harvey E. Todd, a 1914 graduate of the University of Maryland School of Pharmacy, died recently in Anderson, S.C.

VICTOR E. PASS

Victor E. Pass, 68, died on July 29 after a long illness. He was a 1924 graduate of the University of Maryland School of Pharmacy. Mr. Pass had operated the Stadium Pharmacy, Wolf and Lanvale, for 40 years. He was a member of the Maryland Pharmaceutical Association, Baltimore Metropolitan Pharmaceutical Association and the Alpha Zeta Omega Fraternity.

IRVING M. MORRIS

Irving M. Morris, 79, died on August 4. Mr. Morris was a pharmacist at the Union Memorial Hospital for many years until his retirement in 1961 as the result of an accident.

EDWARD A. MARKIN

Edward A. Markin, 58, a 1934 graduate of the University of Maryland School of Pharmacy, died on August 13. His brother, Samuel Markin, is also a pharmacist.

PETER J. SLETTERDAHL
Former NARD Journal Editor

Peter J. Sletterdahl, editor of the NARD Journal (1947-1965), died on August 25, in his home in Florida, after a long illness.

Lead Paint Poisoning

The City Health Department now has reports of nine children who have become ill with lead paint poisoning so far this year. According to Mr. George W. Schucker, Assistant Commissioner for Sanitary Services, this toll will increase unless parents maintain close supervision of their teething-age children. In 1970 twenty children were reported to have lead poisoning and one child died.

A crippling and sometimes fatal illness, lead paint poisoning is caused when children eat peeling paint from walls or other objects either inside or outside the house. Nibbling on windowsills, painted plaster and furniture painted with a lead paint have also caused poisonings.

In addition to supervision of the child, Mr. Schucker offers the following advice:

1. Use lead free paint when painting indoor surfaces, windowsills and furniture. The use of lead paint for interior painting of dwellings has been illegal since 1958. In addition, effective July 1, 1971 State Law prohibits the use of lead based paint on any exterior surface of a dwelling to which children may be exposed.

2. If you are a tenant and the owner is starting to paint be sure he uses lead free paint as required by law.

3. If there is peeling paint in the house scrape the surface until it is smooth and cannot be picked at by the child and eaten.

4. If you see your child eating paint take him to a physician or clinic without delay and be sure he has a blood test for lead. Early diagnosis and prompt treatment to remove lead from the body usually result in a good recovery.

5. Symptoms of lead paint poisoning include abdominal pains, nausea and vomiting, persistent constipation, irritability, frequent headaches and convulsions. If you see any of these signs your child's life may be in danger. Take him to a physician or hospital at once. Tell the doctor or nurse you suspect lead poisoning and ask for a blood test for lead.

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the maryland pharmacist

Editorial—Third-Party Programs:

A Role for Pharmacists

Drug Storage and Stability

by Ralph F. Shangraw, Ph.D.

Controlled Drug Regulation Changes

olume 47 OCTOBER 1971 Number 10

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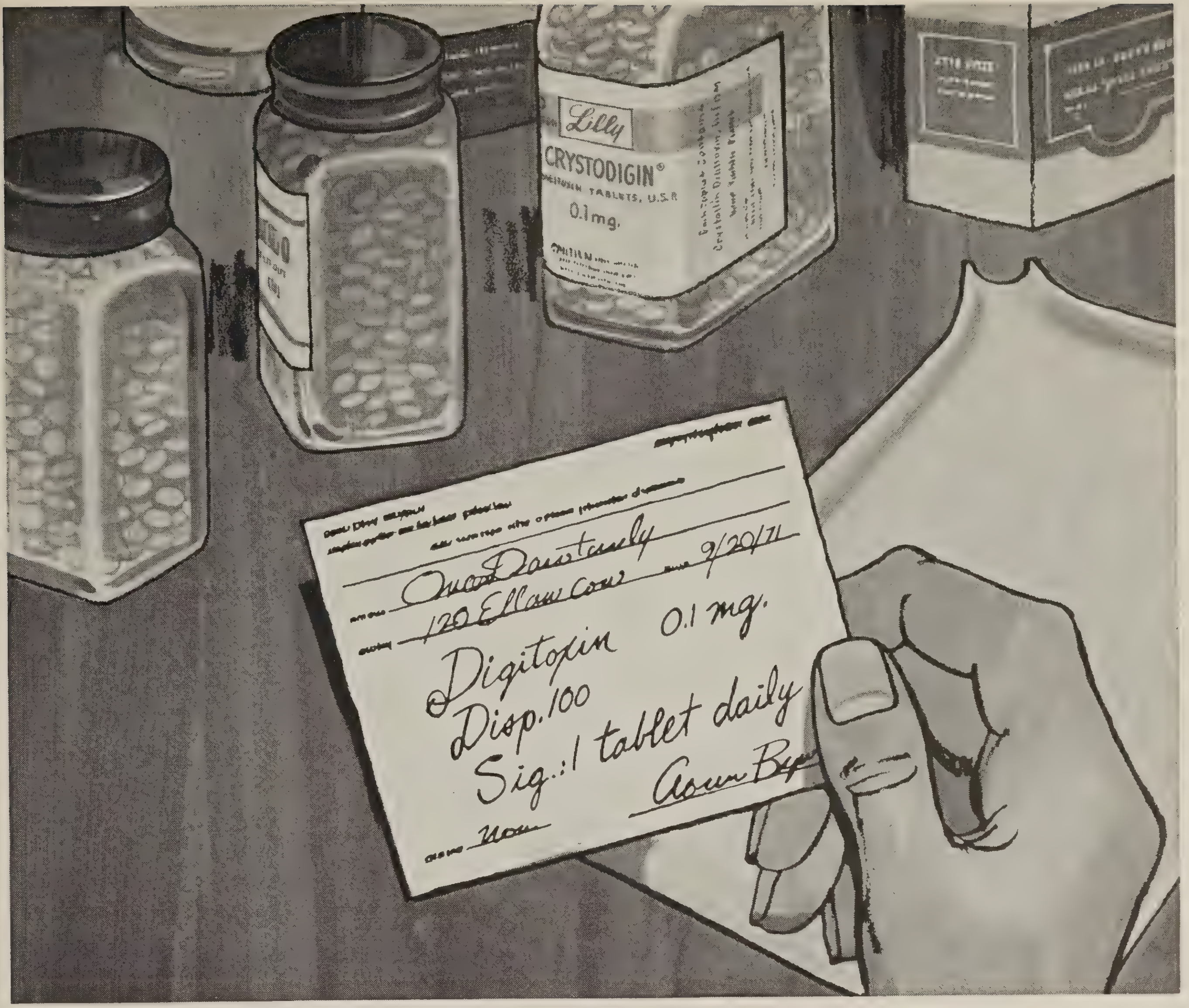

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BALTIMORE, MARYLAND 21201

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VOLUME 47 OCTOBER 1971 NUMBER 10

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Editorial . . .

Third-Party Programs: A Role For Pharmacists

One of the crucial factors that will determine the professional and economic future of pharmacy is how the profession will fare in third-party prescription programs.

At present governmental, union and other plans cover a minority of the population although Medicaid patients already comprise a large or a major part of the prescription practice of many pharmacies. But this situation is, of course, only a slight portent of things to come.

Every day, it seems, brings news of additional third-party programs being established by employers, unions or under governmental auspices.

Whenever possible the Maryland Pharmaceutical Association has sought to participate in the development and evaluation of third-party prescription programs. Many members have requested our guidance and have abided by our suggestions. On the other hand, many pharmacy proprietors have enrolled in programs without seeking or obtaining any information about a particular plan. It is hard to understand how an intelligent decision can be made without regard to the nature of the sponsors of a plan and its impact upon the practice of pharmacy. Often pharmacists will promptly sign up with a plan with policies which are not in the best interest of either the patient or pharmacist. Some of the plans are merely promotional or public relations gimmicks to advance the interests of a sponsoring group, administrators or a particular group of pharmacy providers.

MPhA's policy in the third-party payment field has been to assert the vital principle of "free choice of pharmacy" and of quality of pharmaceutical service. We believe that these factors are essential in the best interest of achieving accessibility to pharmaceutical services and the highest standards of professional health care.

MPhA is now embarking on a program of assuring, whenever legally and administratively feasible, the principle of free choice and high standards of pharmacy service. Details will be mailed to members regarding a prescription insurance plan previously available to employees of a firm only from one pharmacy chain. All participating pharmacies will be thus able to submit their prescriptions for payment through the MPhA office. Several other plans are now being worked on by MPhA.

Pharmacists must be in a position to influence the policies of all third-party prescription programs. They must play a role in the decision-making process which affects their professional and economic futures.

Administrators of plans are only impressed and influenced by presentations made by organized professional associations on behalf of providers of service. In turn the representative association must comprise a majority of the providers and must be equipped through adequate financial resources with staff to effectively achieve the objectives of the members.

MPhA will serve the needs of its members to the maximum of its resources, but a substantial expansion of activities in the third-party area will necessitate the establishment under pharmacy auspices of a separate nonprofit corporation as a pharmaceutical services foundation.

In the interim MPhA will meet with plan administrators and will perform clearinghouse services so that the interests of patients, programs, sponsors and pharmacists will be met.

Pharmacists can contribute to the success of these objectives by voluntarily accepting the discipline of an organized approach, by participating in the work of MPhA and assuming the obligations and responsibilities of the guidelines that will be promulgated by their representatives.

— Nathan I. Gruz

Current Literature of Interest

DRUG INTERACTIONS by Philip D. Hansten, Pharm. D., Assistant Professor of Clinical Pharmacy, Washington State University. June, 1971, Lea & Febiger, Washington Square, Philadelphia, Pa. 19106, $9.50.

ESSENTIALS OF TOXICOLOGY by Ted A. Loomis, Ph.D., M.D., Professor of Pharmacology, University of Washington School of Medicine, Seattle. January, 1968, Lea & Febiger, Washington Square, Philadelphia, Pa. 19106, $6.50.

PHARMACOLOGY AND THERAPEUTICS by Grollman and Grollman, 7th Edition, April, 1970, Lea & Febiger, Washington Square, Philadelphia, Pa. 19106, $19.50.

CLINICAL PHARMACY HANDBOOK by Hugh F. Kabat, Ph.D., Professor and Head of Dept. of Clinical Pharmacy, University of Minnesota College of Pharmacy. August, 1969, Lea & Febiger, Washington Square, Philadelphia, Pa. 19106, $6.50.

PLANNING AND DESIGN OF HOSPITAL PHARMACY FACILITIES Reprint from the *American Journal of Hospital Pharmacy*, June, 1971, Single copies (22 pages) $1.50. Payment must accompany order. American Society of Hospital Pharmacists, 4630 Montgomery Avenue, Washington, D.C. 20014.

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Maryland Board of Pharmacy News

Board of Pharmacy Moves

The new location of the Maryland Board of Pharmacy is 610 North Howard Street as of September 24, 1971.

Pharmacy Changes

The following are the pharmacy changes for the month of August:

New Pharmacies

Drug Fair No. 141, D. Beer and J. Rhoades, Pharmacists, Patuxent Shopping Center, Crofton, Maryland 21113.

The Treasury Drug Center, N. Moritz and J. Chaverini, Pharmacists, 180 Shangrila Drive, North Lexington Park, Maryland 20653.

No Longer Operating as Pharmacies

Rockville Drugs, Joel Shulman, President, 1069 Rockville Pike, Rockville, Maryland 20852.

Kay Cee Drugs, Irving Goldberg, President, Main Street, Upper Marlboro, Maryland 20870.

Carville's Corner Pharmacy, Carville B. Hopkins, 3 Mile Oak, Annapolis, Maryland 21401.

Changes of Ownership, Address

Fallston Pharmacy, Chester L. Price, President (Change of ownership), 1916 Belair Road, Bel Air, Maryland 21047.

Amphetamines in Schedule II

In accordance with Section 278 (c) and (d), Article 27 of the Annotated Code of Maryland, notice is hereby given to reschedule, update, and republish the substances in Section 279 (c) a. 1. of Article 27 (Schedule III Substances) of the Annotated Code of Maryland *to* Section 279 (b) of Article 27 (Schedule II Substances) of the Annotated Code of Maryland.

The effect of this order is to place amphetamine, its salts, optical isomers, and salts of its optical isomers in Schedule II from Schedule III. Drugs in Schedule II may not be dispensed without the written prescription of a practitioner, except that in emergency situations the drug may be dispensed on oral prescription, reduced to writing promptly and filed and within 72 hours after authorizing the emergency oral prescription, the prescribing individual practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacy.

This action is being taken in order for the Maryland Controlled Dangerous Substances Act to conform with the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 (Public Law 91-513).

Registration of Interns, Resident and Foreign Physicians Under The Controlled Substances Act:

As a result of the new BNDD regulation, a pharmacist may notice that the prescribing physicians registration number contains more than the characteristic combination of two letters and seven numbers. Such a registration number is representative of the optional, internal registration code now authorized for use by hospitals and other institutions who have elected to have their interns, residents and foreign-trained physicians use the institution's registration rather than have them register individually.

A practitioner will usually receive such prescriptions when a patient has come from a hospital emergency room or an out-patient clinic where an intern, resident or foreign-trained physician is authorized to practice.

Former Section 301.24 of the BNDD Rules and Regulations provided a waiver of the regisration requirement for such an individual practitioner who was an agent or employee of a hospital or other institution which was registered to dispense controlled substances. When acting in the usual course of his employment, the individual practitioner could administer and dispense a controlled substance if permitted to do so in the jurisdiction in which they practiced. These individual practitioners were permitted to use the institutional practitioner's registration number for internal medication orders but were not authorized to issue prescriptions for out-patients unless they had registered with the Bureau.

It was recognized by the Bureau that on certain occasions, interns, residents and foreign-trained physicians would be required, during the regular course of their employment, to attend to patients and issue prescriptions for controlled substances to be compounded and dispensed on an out-patient basis.

Rather than require that all such individual practitioners personally register with the BNDD, the Bureau afforded the hospitals and other institutions an option to utilize an internal code based on the institution's registration number.

The hospital or institution must ascertain from the appropriate state agency whether or not the intern, resident or foreign-trained physician is authorized or permitted to prescribe controlled substances. If the institutional practitioner then verifies that the individual practitioner is so permitted, he may dispense and prescribe controlled substances under the registration of the hospital or other institution, in lieu of being registered himself, if these functions are performed within the scope of the individual practitioners employment and during the usual course of his professional practice.

The institutional practitioner authorizes the individual practitioner to dispense or prescribe under the hospital registration by designating a specific internal code number. This code number consists of numbers, letters or a combination thereof and will be a suffix to the institution BNDD registration number, preceded by a hyphen. For example, AP1234567-10, or AP1234567-A12.

The hospital or institution must keep a current list of internal codes and corresponding practitioners. This list must be made available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.

It should be noted that this registration procedure is optional and hence, a particular hospital or other institution may not wish to adopt an internal code system. If such is the case, then the intern, resident or foreign-trained physician must register individually, if he is to issue out-patient prescriptions for controlled substances.

If an individual practitioner has registered with the Bureau and has received a registration number then he may not use the institution's registration number.

BNDD Schedule Transfers

As of October 17, 1971, phenmetrazine (Preludin) and methylphenidate (Ritalin) have been transferred from Schedule III to Schedule II of the Controlled Substances Act. Additionally, the drug Naloxone Hydrochloride (Endo) has been removed from Schedule II and all regulatory controls of the Controlled Substances Act.

Rubber "C" stamps and red inked pads are still available from MPhA office at $1.00 for each item. Check should accompany order.

Effect of Physicians' Curb on Prescribing of Amphetamines Noted

Physicians in many states are responding to the challenge to assume leadership in combating drug abuse. Many have already acted to curb the use of amphetamines and other stimulant drugs.

In Texas, James H. Sammons, M.D., president of the 11,000-member Texas Medical Association, asked physicians to limit their prescribing of amphetamines to specific, well-recognized medical indications. Earlier this year, nearly 600 physicians in Utah agreed not to prescribe amphetamines or similar drugs in the treatment of obesity.

The Utah Pharmaceutical Association reported an unusual effect of a joint effort by the Utah State Medical Association and the Utah Society of Internal Medicine to curb the use of amphetamines in treatment of obesity. According to the UPA, there has been a "precipitous" decline in the number of break-ins at pharmacies since word got around that the stores were stocking only minimum inventories of the drugs, in contrast to the thousands of doses they had on hand before.

Study Continues For Cure For Common Cold

A synthetic variation of ribonucleic acid (RNA) called Poly-I:C is being investigated for its possible role in the prevention of the common cold. The polynucleotide stimulates the production of interferon, a protein which prevents penetration by a virus into cells. By stimulating the cells with Poly-I:C to produce more interferon, the rest of the body would be defended from virus infection.

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Baltimore Metropolitan Pharmaceutical Association

The Baltimore Metropolitan Pharmaceutical Association held a general meeting at the Kelly Memorial Building on September 16, 1971. The meeting was called to order at 9:00 p.m. by President Irvin Kamenetz.

Program Chairman Melvin Rubin introduced the first speaker, Victor Kardon of Ciba Laboratories, who spoke on "The Use of Rimactane in Antitubercular Therapy." Mr. Kardon pointed out that tuberculosis patients usually require six months to two years of continuous drug therapy and one of the most common problems is that patients discontinue taking their medication before they should. The standard drugs that have been in use-isoniazid, aminosalicylic acid, streptomycin-are bacteriostatic agents. It is postulated that rifampin (Rimactane, Rifadin) is bactericidal at higher concentrations but this has yet to be proven. The advantages of rifampin over other anti-TB drugs is that it attacks the TB germ sooner. Results are shorter hospitalization and a more rapid return to normal life. Rifampin is indicated to be taken with other anti-TB drugs such as isoniazid or ethambutol. Rifampin increases the anticoagulant requirements of the coumarins. Mr. Kardon then answered questions presented to him from the audience.

The second part of the evening's program dealt with the topic of "Drug Product Selection" and more specifically with repeal of the antisubstitution laws. Presenting the American Pharmaceutical Association's point of view on this subject was James D. Hawkins, Assistant Executive Director, American Pharmaceutical Association.

Presenting another point of view was Dr. John S. Ruggiero, Director of Pharmacy Relations, Pharmaceutical Manufacturers Association.

An extensive question and answer period followed the presentations.

The meeting was adjourned at 11:30 p.m.

PHARMACY CALENDAR

November 11—MSHP meeting at the USPHS Hospital, 7:30 p.m.

November 18—(Thursday)—BMPA Annual Meeting.

December 12-16—American Society of Hospital Pharmacists Sixth Annual Midyear Clinical Meeting, Washington, D.C.

January 30, 1972—56th Annual Installation Banquet & Dance, Baltimore Metropolitan Pharmaceutical Association, Blue Crest North.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

May 7-9, 1972—Annual Convention, Maryland Pharmaceutical Association, Washington Motel and Country Club, Gaithersburg Maryland.

Photos by Paramount Photo Service

Among the speakers at the September 16 meeting of the BMPA were Dr. John S. Ruggiero, second from left, Director of Pharmacy Relations, Pharmaceutical Manufacturers Association and James D. Hawkins, third from left, Assistant Executive Director, American Pharmaceutical Association. Standing at left is Irvin Kamenetz, President of BMPA and at extreme right is Melvin Rubin, BMPA Program Chairman.

Open season on stuffy noses

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TAMPA News

The Traveler's Auxiliary of the Maryland Pharmaceutical Association held their annual installation dinner on September 16 at Bernie Lee's Penn Hotel in Towson, Maryland. The evening started with a social hour from 6:00 to 7:00 followed by a dinner at 7:00 p.m.

New officers installed for 1971-1972 are as follows: Joseph Grubb, Honorary President, Paul J. Mahoney, President; John C. Matheny, First Vice President; Abrian E. Bloom, Second Vice President; C. Wilson Spilker, Third Vice President; John A. Crozier, Secretary-Treasurer Emeritus; William A. Pokorny, Secretary-Treasurer; and William L. Nelson, Assistant Secretary-Treasurer.

Installed as members of the Board of Trustees were: William L. Nelson, Chairman; Herman J. Bloom; Joseph J. Hugg; Kenneth L. Mills; Joseph Grubb; Albert J. Binko; Joseph A. Costanza; Francis J. Watkins; A. G. Leatherman; and J. William Gehring.

The committees for 1971-1972 consist of: *Attendance*, John H. Fagan, Chairman; Sherman E. Levy; Earl V. Parr. *Custodian*, Robert G. Radebaugh, Chairman; Edgar G. Cumor; David H. Mervis. *Welcome*, C. Wilson Spilker, Chairman; Joseph A. Costanza; J. Donald Brown. *Luncheon*, Paul J. Mahoney, Chairman; Natt Levy; Dick Brauer. *Special Events*, William L. Nelson, Chairman; William A. Pokorny. *Program*, John C. Matheny, Chairman; Laurance A. Rorapaugh. *Membership*, Melvin M. Cernak, Chairman; E. Allan Turner; William R. Kolb, Jr. *Maryland Pharmacist*, Herman J. Bloom, Chairman; Joseph Grubb; Richard R. Crane. *Publicity*, Kenneth L. Mills, Chairman; Abrian E. Bloom; Edwin M. Kabernagel, Jr. *Welfare*, John G. Cornmesser, Chairman; Howard L. Dickson. *Memorial Fund*, Louis M. Rockman, Chairman; Ken Mills. *Ways and Means*, Joseph J. Hugg, Chairman; and Past Presidents.

Among other TAMPA activities held this year was a Crab Feast held on August 19 at Don Dever's in Edgewood, Md. The group has scheduled their annual T.A.M.P.A. Ladies Night for Thursday, November 4, at Garland Theatre in Columbia.

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Top (left to right)—William A. Pokorny, Secretary-Treasurer; Abrian E. Bloom, Second Vice President; John C. Matheny, First Vice President and Paul J. Mahoney, President; incoming officers at T.A.M.P.A. Installation Dinner on September 16. Bottom left (1 to r) William L. Nelson, Immediate Past President turns over gavel to new president Paul J. Mahoney. Bottom right (1 to r) Howard Dickson, Immediate Past Honorary President, receives award from William A. Pokorny.

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Prince Georges-Montgomery County Pharmaceutical Association

The Prince Georges-Montgomery County Pharmaceutical Association will host the 1972 Maryland Pharmaceutical Association Annual Convention. The convention site will be the Washingtonian in Gaithersburg, Maryland and will be held on Sunday, Monday and Tuesday, May 7, 8 and 9th, 1972.

The post convention trip to Acapulco will leave Baltimore on May 17 and return on May 22.

The Prince Georges-Montgomery County Pharmaceutical Association held a general membership meeting on October 5 at the Hampshire Motor Inn, Langley Park, Maryland.

The program began at 9:00 p.m. with a continuing education feature "Chemotherapy in Drug Abuse and Drug Addiction" from the St. Louis College of Pharmacy Library Cassette Series. At 10:00 p.m., Dr. Robert J. Taylor, Lecturer, School of Medicine and Dentistry, University of Maryland, spoke on "Treatment and Rehabilitation of Drug Addicts." Several former drug addicts also spoke on their experiences with drug addiction. A business session followed.

Photos by Paramount Photo Service

"Health Maintenance Organizations" was the topic of a speech given by Dr. Daniel Y. Patterson, second from left, at the September 9 meeting of the Prince Georges-Montgomery County Pharmaceutical Association. Others in photo are: (l to r) Martin Hauer, President; Paul Reznek, Secretary and Editor of the "Bi-County Pharmacist"; and Edward D. Nussbaum, 1st Vice President.

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Nathan I. Gruz, Editor
Maryland Pharmacist
650 West Lombard Street

Metropolitan Guild of Pharmacists

by David Leise, Chairman of the Board

The Metropolitan Guild of Pharmacists is composed solely of employee pharmacists and is governed by employee pharmacists only. None of our officers receives payment of any kind. We are an independent, voluntary organization and are not affiliated with any other group. We are a guild and not a union and we are the only group locally which represents and protects the employee pharmacist exclusively.

Purpose

The Guild was formed for the purpose of improving the professional, economic and social status of all area pharmacists. Our main objective is to elevate the profession of pharmacy. Guild members are encouraged to join other professional and civic organizations so as to improve and advance the status and respect of Pharmacy. To encourage membership in the APhA, the Guild pays half the dues for each member who wishes to join.

Our By-Laws state that a Guild member should refuse to practice pharmacy under conditions environmental or personal, which tend to interfere with or which would compromise him into endorsing unethical conduct or practices.

The Guild has been recognized by the Maryland Pharmaceutical Association and is represented in the House of Delegates of the Association.

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Drug Storage and Stability

by

Ralph F. Shangraw
Professor and Chairman
Department of Pharmacy
University of Maryland, School of Pharmacy

If the curriculums of most schools of pharmacy were closely examined, it would become obvious that there are areas of knowledge which are currently being overlooked. These deficiencies are most often not intentional but reflect failure of faculties to reexamine course content in line with today's technology and tomorrow's practice of pharmacy.

An outstanding example of such an omission is drug packaging at both the manufacturing and dispensing level. All of us realize that a revolution in packaging has and continues to take place. The utilization of plastics for packaging of every conceivable type of product has reached proportions that are almost impossible to comprehend. Yet, few of us ever studied plastics in school. An excellent series of articles in the use of plastic in packaging was published in the January, February, and April — 1969 issues of *Drug and Cosmetic Industry* (1,2,3) and I highly recommend that you read them. Even though we are living in an age of plastics, many of us can still remember the sleeve type cardboard pill boxes which were common in the 30's or the simple white envelopes with the name of the patient, doctor and direction. I am willing to bet that there are not a half a dozen schools of pharmacy that are not teaching students how to fold divided powder papers even though polyethylene pouches are readily available and represent a much more utilittarian package for powders and other bulk solids. On the other hand, I doubt that there are even a half a dozen schools of pharmacy which have strip or unit dose solid and liquid packaging equipment available for demonstration and teaching. How many schools of pharmacy give a course or even a few lectures in packaging technology? What chemistry course in a school of pharmacy discusses the chemistry of plastics and their properties?

If schools of pharmacy are still not teaching in these areas there is no reason to believe that pharmacists who have already graduated would be prepared to consult intelligently about such matters. Yet, these are subjects which pharmacists encounter every day.

I would like to review some of the things that you do know but might have forgotten as well as some new concepts relative to the stability and storage of drug products. Hopefully, at least one of the problems discussed will hit home and you will be able to improve even if slightly, your professional practices in regard to these very important areas.

Lets take a look at drug stability first. Is there any part of your operation in which there is a danger in regards to the stability of the products which you are handling? What conditions influence the chemical stability of a drug, i.e., increase the rate at which it might decompose? The two main considerations are:

1. Temperature
2. Moisture

In addition to these we may have chemicals which are subject to oxidation, or photolysis. For instance, the USP contains the names of over 300 drugs which specifically require protection from light and when the NF is included the total list exceeds 500 (4). The Public Health Service adopted light resistance as a requirement for all prescription containers more than 17 years ago. In 1945, the then assistant FDA Commissioner Crawford issued the following statement:

> "Where light protection is indicated for a USP preparation and that preparation is dispensed by a pharmacist in a container not assuring this protection, that prescription when sold in interstate commerce would be deemed mishandled under the Federal Food, Drug and Cosmetic Act."

It is fortunate for many pharmacists that most prescriptions are not dispensed in interstate commerce.

Fortunately, amber glass will afford the pharmacist with an easy method to comply with official regulations. According to Swartz *et al.*, green glass will not give a product the same degree of protection (5).

Let us return, however, to the two most important considerations in drug stability—heat and moisture.

The speed of many chemical reactions increases about 2 to 3 times with each 10° rise in temperature. The storage of drugs at reduced temperature is simply a reflection of this basic chemical law. All drugs are chemically more stable at lower temperatures. This is true for two reasons. An increase in temperature increases the frequency with which two interacting molecules will collide and it increases the probability that they will collide with sufficient energy to undergo a reaction. When liquid products are frozen, rates of chemical reaction are reduced dramatically approaching zero.

In spite of this, many drug storage areas in hospitals, extended care facilities or nursing homes, and for that matter, community pharmacies, *are in areas of excessive heat.* The increased utilization of air conditioning has been extremely helpful in improving conditions of drug storage but surprisingly enough, drug storage areas are often the last part of a facility to be air conditioned.

In order to clear up misunderstandings as to storage conditions, new definitions of the terms used to designate storage temperatures will appear in NF XII and USP XVIII. In addition to narrowing the temperature ranges which apply to existing terms, two new terms have been introduced. They are *Cool Place* and *Room Temperature.*

The new definitions are:

Cold Place—one having a temperature not exceeding 8°C (46°F)

Refrigerator—a cold place in which the temperature is held between 2° and 8°C. (36 and 46°F)

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Cool Place—a cool place is one having a temperature between 8° and 15°C
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Room Temperature—room temperatures between 15° and 30°C
(59 and 86°F)
Excessive Heat—designates temperatures above 40°C
(104°F)

Storage areas near heating pipes, autoclave equipment or hot water lines may very well fall into the area of excessive heat.

When an official monograph does not list any specific storage conditions, room temperature should be assumed.

Before going on to another subject, I would like to say a word about the second most important factor in drug stability and that is moisture. Very few chemical reactions take place in a completely dry state as it is extremely difficult for molecules to come together in a medium which does not allow for mobility. The basic cause of decomposition of many drugs is hydrolysis. Hydrolysis can be prevented by keeping drugs completely dry or by adjusting the pH of a solution to a value where the rate of the chemical reaction is low. For instance, we know that aspirin when kept completely dry possesses a high degree of stability but when even small amounts of moisture are present, hydrolysis will occur (6). The acetylsalicylate acid dissolves in the water absorbed on the surface of the crystal and undergoes hydrolysis into acetic acid and salicylic acid. More aspirin then dissolves and the process continues.

The rate of degradation of procaine penicillin solutions was shown by Swindowsky to be due only to that portion in solution (7). Many drugs in solution have reasonable stability at an optimum pH but decompose rapidly when that pH is changed.

For instance, procaine and tetracaine have almost identical rates of deterioration at room temperature (25°C) and pH 5.0. It would take 19 years for either compound to decompose 50% when in solution. At autoclave temperatures (121°C) and the same pH it would take 36 hours. At autoclave temperatures and a pH of 6.8 it would take only 10 minutes (8).

Remember, *anytime you change the pH of a liquid drug product there is a good chance you will change the stability of the drug—in many cases decreasing it.*

It is extremely important that we not only avoid high temperature in drug storage but also moisture. The two best ways of insuring minimum damage to drugs is to (a) dispense in tightly closed containers and (b) avoid high humidity environments. For instance, in many homes and some nursing homes the medicine cabinet is in the bath room or washing area where relative humidities are often 100%.

One indication that a drug is moisture sensitive is the presence of a dessicant package in the manufacturer's bottle. It should be remembered that *the moisture capacity of these dessicants is limited and they soon become saturated when the bottle is opened regularly or left opened. The continued use of these dessicant packages without regeneration is worthless.*

One of the major problems that has existed for many years is the one associated with the preparation of parenteral products by the nurse just prior to administration. Although in many cases this involves a compounding function such as reconstitution of freeze dried products or incorporation of drugs with intravenous fluids, the nurse traditionally has been burdened with this responsibility. It is now becoming more and more customary for these functions to be carried out by pharmacists supplying the nurse with a dosage form ready to be administered. The pharmacist must take the responsibility for accurate preparation, complete labeling, and storage of the reconstituted or combined drugs. He can also check to make sure that drugs which are pharmaceutically or therapeutically incompatible are not dispensed. Numerous lists of such incompatibilities have appeared in the literature (9).

As manufacturers have found out more and more about drug stability and the Food and Drug Administration has set tighter restrictions on such products, there has been significant increase in the number of drug products with very limited stability after reconstitution. Some are stable for only a few hours, others for as long as a month or more without significant loss of potency. In many cases, this stability is dependent upon storage in a refrigerator or cool place after reconstitution.

Under no circumstances (except in an extreme emergency) should drugs be administered beyond their indicated stability period as the therapeutic effectiveness is diminished and the decomposition of some drugs results in the formation of chemical by-products which may cause untoward or toxic manifestations. It is the pharmacists' responsibility to see that no such extreme emergency ever arises.

An excellent compilation of the stability of drugs after reconstitution appeared in the December 1967 issue of the *American Journal of Hospital Pharmacy* (10). In many cases the information in this compilation is much more complete than is supplied by the manufacturer and I heartily recommend that you have a copy in your pharmacy.

It should always be remembered that the stability data of a reconstituted product applies only when the stated diluent or vehicle is used. This applies to all type products such as oral suspensions, eye, ear, nose drops as well as to parenteral products. If another vehicle is used or the reconstituted product is further added to a standard IV solution, a whole new ball game arises and stability would have to be determined or ascertained from the manufacturer. It is mandatory that the expiration time (hours) or date (days) be placed on the label of each product.

One approach that some hospital pharmacists have taken to increasing shelf-life after reconstitution is to quick-freeze the reconstituted liquid immediately on preparation and store the frozen product in a deep freeze. Stolar *et al.* (11), showed that sodium methicillin for injection can be reconstituted and stored at freezer temperature for prolonged periods of time without deterioration. Upon receipt of an order the pharmacist removes the vial from the freezer, permits the solution to thaw and dispenses the medication to the nursing unit. Small portable units for transferring frozen products from the community pharmacy to the nursing home are available or can be constructed. A number of precautions must be observed.

(1) The pharmacist must be sure that the product is stable when frozen. (Ampicillin is less stable in frozen dilute solutions than at room temperature.)
(2) Removal of a cc. of a very cold solution will give more drug than at room temperature due to the increased density of the solution.

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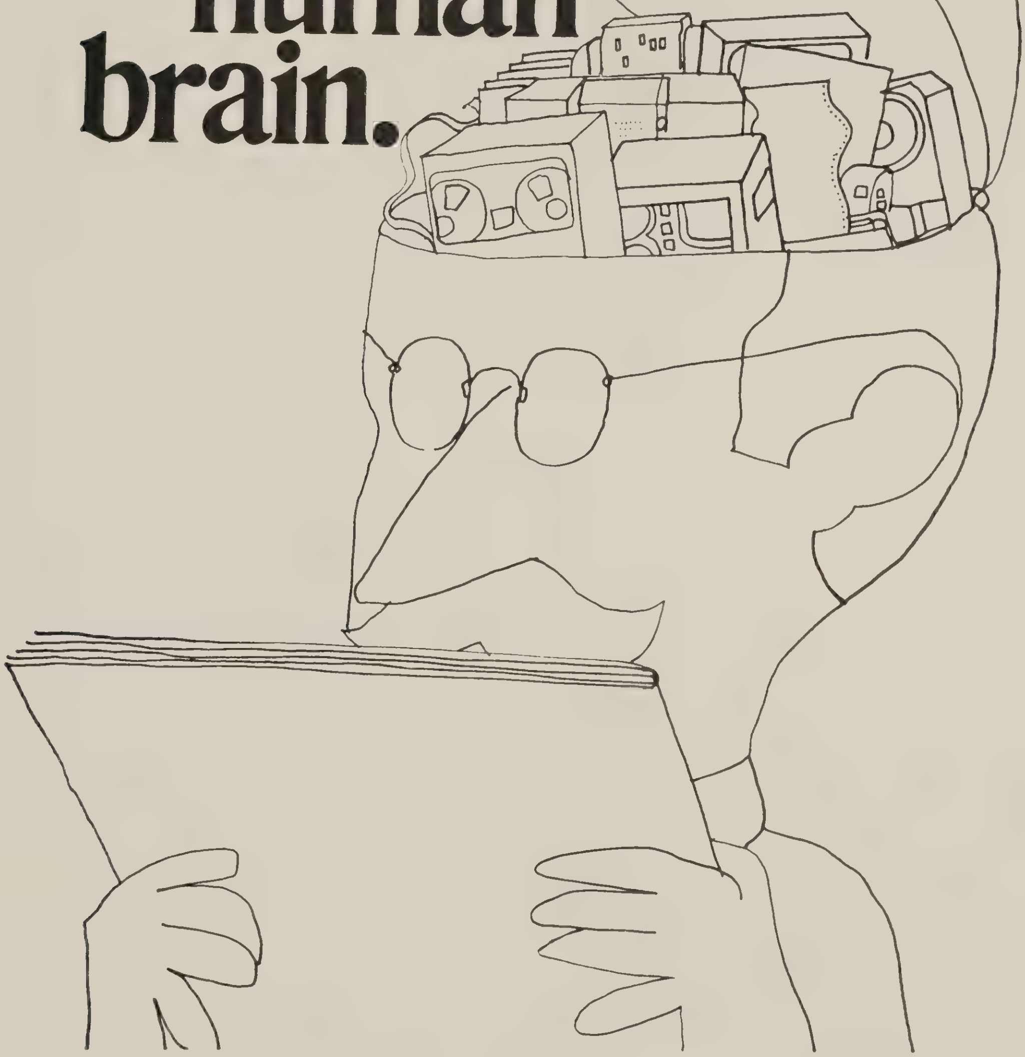

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(3) All products cannot be frozen due to physical changes which occur during the freezing process.

This latter point is important. We all know, for instance, that Milk of Magnesia should not be frozen but few people stop to think *why*? Remember when you freeze any material which is hydrated, the water freezes in a pure state and separates itself from the chemical to which it is attached. When the frozen product is thawed the water may or may not associate itself in the same manner as it was originally and this may lead to insolubility and precipitation.

The storage of insulin is particularly important as many types are sensitive to both freezing and to high temperatures. (12) Storage can be summarized as follows:

(1) All insulin products except a vial in current use should be stored in a cool or cold place (2-15°C). They should not be frozen. Freezing does not affect potency but affects the physical form, preventing uniform redispersion. This is particularly true of the modified protein-insulin and lente preparations.

(2) The lente insulins, NPH insulin and protamine zinc insulin all tend to coagulate at elevated temperatures. Exposure to temperatures above 75°F for a few days or 100°F for a few hours can produce a granular or clumped precipitate. Although potency may not be affected, the physical change prevents withdrawal and administration of a uniform dose. Prolonged exposure to elevated temperatures will destroy potency.

(3) Normal room temperatures (68°-75°F) will not cause clinically significant lowering of activity of insulin during the use time of a single vial—up to a few weeks.

In regards to expiration dates on prescription products, many of you may not be aware of the fact that the pharmaceutical industry is rapidly moving to the stage where all prescription drugs will have an expiration date.

For those products which would have unlimited stability if stored at room temperature, an arbitrary expiration date such as five years will be set.

It is interesting to note that manufacturers were much more willing to set an expiration date on their products than to indicate the date of manufacture.

I realize that I have touched a number of different areas of drug storage and stability but hope that at least one of the points I have made will motivate you to improve your present drug storage procedures.

In closing, I would like to review a stability study on packaging of nitroglycerine which we recently completed here at the University of Maryland School of Pharmacy (13). We have long been concerned with the preparation and stability of nitroglycerin tablets for sublingual use. Although pharmacists are generally aware of the fact that nitroglycerin tablets can lose their potency, they fail to translate this awareness into sound dispensing habits. The experiment was designed to show the stability of hypodermic tablets of nitroglycerin when dispensed in a variety of containers including strip packaging at both room and elevated temperatures.

The nitroglycerin tablets were stable when packaged in glass regardless of whether a plastic snap cap or screw cap type closure was used.

Nitroglycerin tablets packaged in polystyrene vials showed almost identical rates of decomposition regardless of the type of cap employed. The stability was not sufficient to justify use of these types of containers.

Nitroglycerin tablets dispensed in a pill box showed rapid loss of potency even at room temperature.

The results of the strip packaging study were even more dramatic. Tablets were packaged using aluminum foil on one side and either (a) paper, (b) polyethylene, or (c) aluminum foil on top. The loss in potency in all systems was so rapid that accelerated aging passes through the paper layer completely. On the other hand, it dissolves in the polyethylene and effectively partitions out of the tablet. In the case of the aluminum-aluminum strip package, the nitroglycerin apparently escapes through the thin layer of adhesive material on the surface of the foil which is present to enable the foil layers to seal together. It is obvious that strip packaging of nitroglycerin in any of these systems would be disastrous. However, when I recently mentioned this to a pharmacist who is involved in one of the largest experimental unit dose studies in the country, he was frank to admit that they had been strip packaging nitroglycerin in this manner for over two years.

I would like to close with a simple question: How do you package nitroglycerin in your pharmacy or nursing home?

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Members interested in joining the alumni chapter of Phi Delta Chi Fraternity should contact Mr. William Edmondson, 955-7619, 955-7591; Mr. John Vakoutis, 661-9088 or Mr. Ed Poklis, 477-4399.

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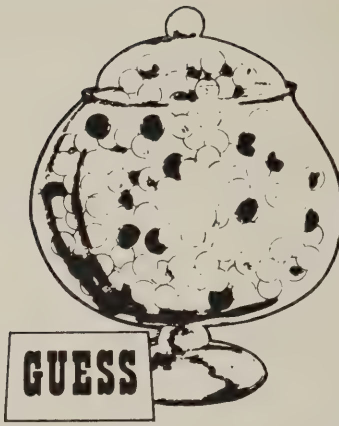
Nominations are now being received for the *Honored Alumnus Award* to be presented at the Annual Graduation Banquet.

Names for nomination may be submitted to Harry R. Wille, 306 Marydell Road, Baltimore, Maryland 21229.

A. Z. O. News

Kappa Chapter of Baltimore will be the host chapter for the 1971 Fall Regional Meeting of the Alpha Zeta Omega Pharmaceutical Fraternity. Recent appointments on the national level include those of Paul Reznek, who has been appointed Legislative Representative for the fraternity and Gerald Freedenberg, Directorum of Kappa Chapter, has been appointed A.Z.O. Historian.



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1. Title of Publication: MARYLAND PHARMACIST
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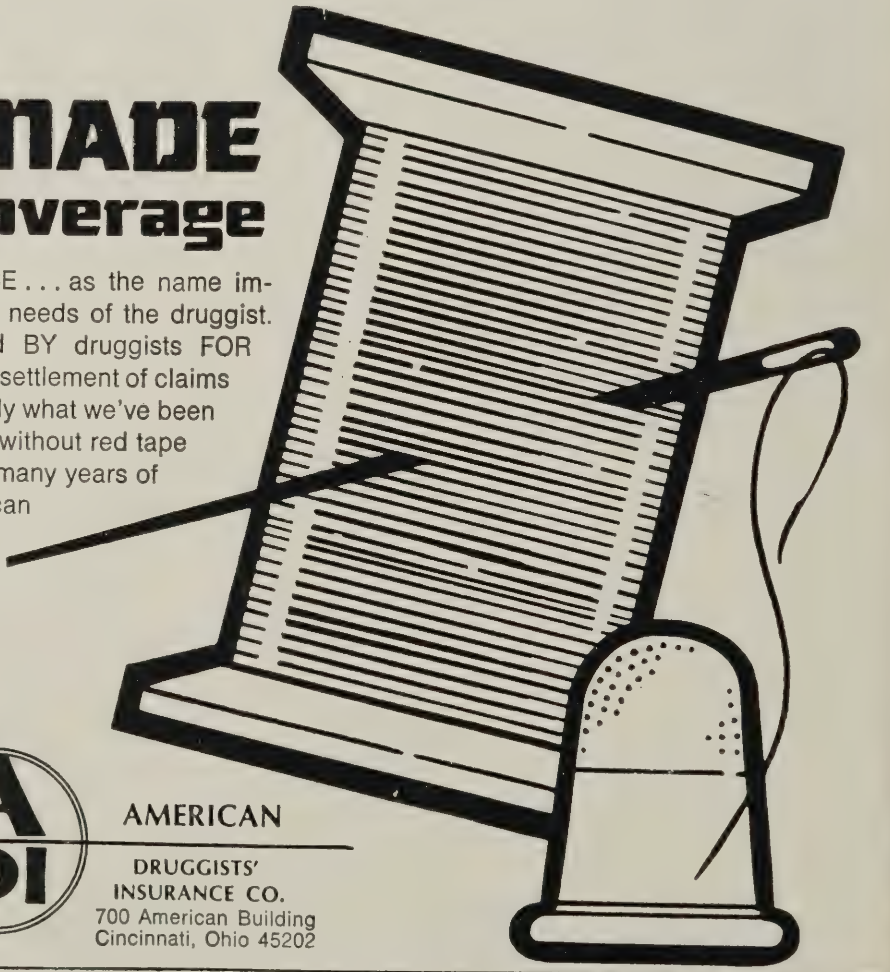

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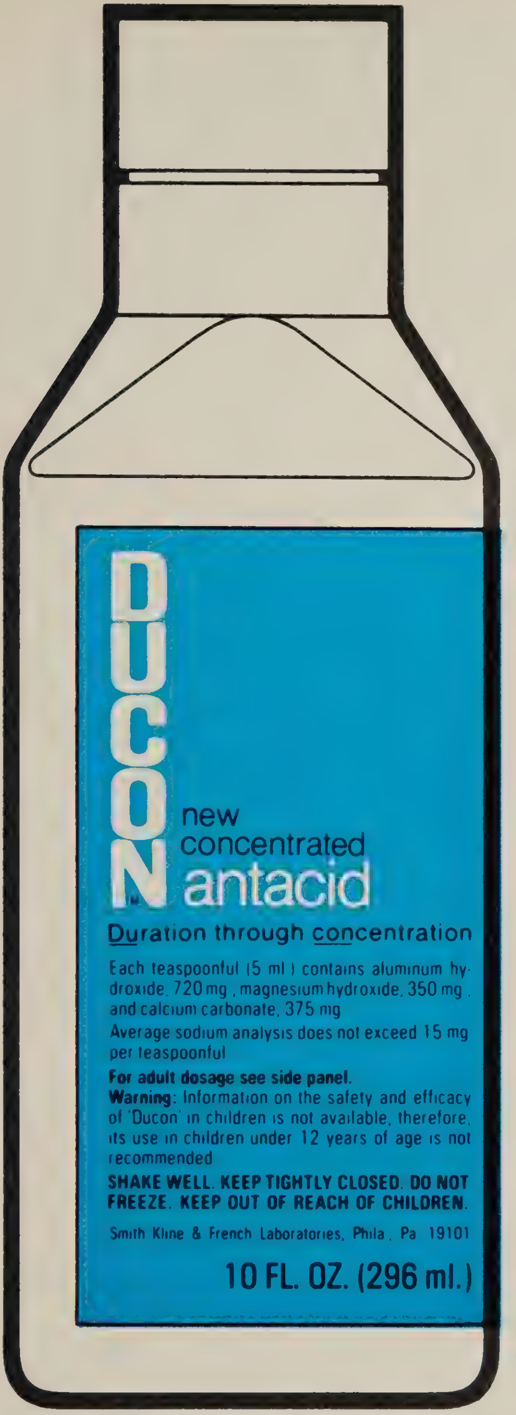

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Obituaries

S. L. Anderson

S. L. Anderson, 59, died suddenly on September 20 in M.C.V. Hospital, Richmond, Virginia. He was a 1934 graduate of the University of Maryland School of Pharmacy.

John A. Strevig

John A. Strevig, 82, a 1912 graduate of the University of Maryland School of Pharmacy, died on October 1. A past president of the Alumni Association, Mr. Strevig was a former hospital representative for Eli Lilly and Co. until his retirement in 1954. He was a member of the Baltimore Veteran Druggists Association.

Jacob H. Greenfeld

Jacob H. Greenfeld, 63, died on September 30, 1971 at Sinai Hospital. Mr. Greenfeld graduated from the University of Maryland School of Pharmacy in 1929. He was president for the past 13 years of the Ner Tamid Congregation, Greenspring Valley Synagogue and was active in raising money for development programs in Israel.

John F. Neutze

John F. Neutze, 55, owner of a Govans pharmacy for the past 20 years, died on September 16 at St. Joseph Hospital after being ill for several days. He was a 1937 graduate of the University of Maryland School of Pharmacy. In 1951, he and a partner opened the Combs and Neutze Pharmacy at 5925 York Road. He was a member of the Ancient Scottish Rite and Tuscan Lodge.

Mr. Neutze was also a member of the Maryland Pharmaceutical Association, served as vice president of the Baltimore Pharmaceutical Association, and was a member of the Wedgewood Club, and the National Association of Retail Druggists.

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In The News . . .

SAMUEL MORRIS, Publicity Chairman of the Prince Georges-Montgomery County Pharmaceutical Association, is now on the staff of the Easton Memorial Hospital. Dean WILLIAM J. KINNARD will be presented with an honorary membership in Kappa Chapter of AZO Pharmaceutical Fraternity at AZO's Fall Regional Convention. Also SAM BLOCK, MORRIS SCHENKER and NATHAN COHEN will receive pins acknowledging their 50 years of participation in Kappa Chapter. A very successful I.V. Additive Workshop, under the Direction of Dr. PETER P. LAMY, was recently conducted at the downtown Holiday Inn. Dr. SAMUEL FOX, U. of Md. School of Pharmacy graduate, has been appointed full Professor of Ophthalmology at the University of Maryland School of Medicine.

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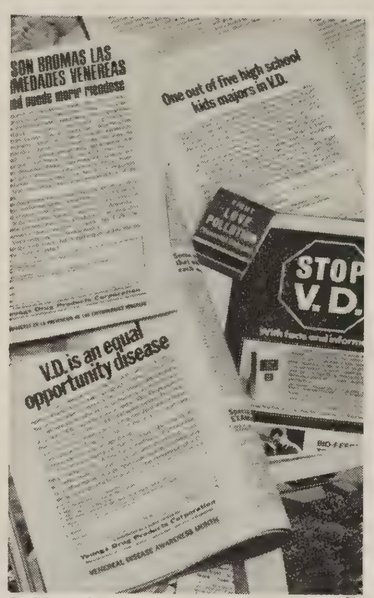
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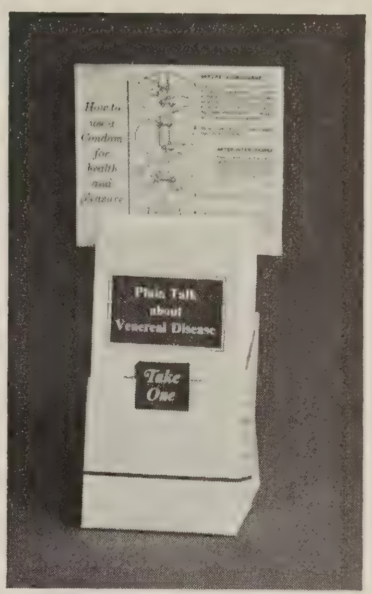
How to use a Condom for health and pleasure
Plain Talk about Venereal Disease
Take One

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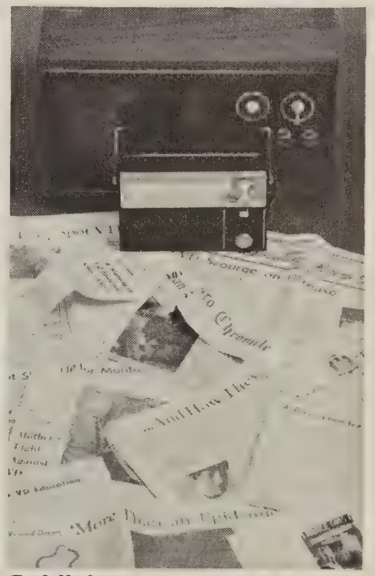

Publicity
Our continuing publicity program is attacking V.D. through radio, T.V., newspapers, magazines, telephone messages and seminars. It's done a tremendous job in educating young adults, teachers and parents on V.D. And—we've singled out the pharmacist as the best source for medically recommended products that aid in preventing V.D.

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the maryland pharmacist

Editorial—

Unity In Pharmacy: Necessity For Survival

MPhA Fall Regional Meeting

Third-Party Prescription Programs— Delight or Dilemma

by Morris Bookoff

Volume 47 NOVEMBER 1971 Number 11

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Editorial . . .

Unity In Pharmacy: Necessity For Survival

The pharmaceutical literature and association meetings for many years have pointed to the lack of national organizational unity in the profession of pharmacy.

It is hard to believe that there is one pharmacist around who doesn't recognize that the posture of antagonists that has prevailed between our two national groups—the American Pharmaceutical Association and the National Association of Retail Druggists—has not contributed to the inability to achieve many of the goals and aspirations of the profession.

The following statement was *not* written in 1971. It is quoted from the first report of this editorialist as Executive Secretary. The date of delivery was June 25, 1962:

> "When we approach the national pharmaceutical scene, one dominant feature must be recognized. Over the years, many of the aspirations of pharmacists to achieve their urgently needed professional and economic goals, as well as to secure a properly recognized role in shaping policies regarding the provision of medicinal agents, has been the absence of a national front for pharmacy. For the defensive and offensive needs of the country, we have a Joint Chiefs of Staff under a Secretary of Defense. Pharmacy is engaged in a total war. The pharmaceutical situation also demands a unified command. As long as rivalry continues between our two national groups, we will continue to be divided and, therefore, to be defeated. Whatever courageous steps must be taken to achieve cooperation and harmony between our two essential national groups—the APhA and NARD—must be taken. No personality differences, no individual ambitions, no organizational competitiveness can any longer be allowed to stand in the way. Pharmacy resources of experienced and competent leadership, intelligent and dedicated members, and financial wherewithal are too valuable to be used, except in an integrated, unified manner. Our peril is too great, our enemies too strong, our forces too fragmented to permit continuation of this increasingly disastrous internecine warfare which stands in pharmacy's path of progress."

The state pharmaceutical associations represent in their totality more pharmacists than either the APhA or the NARD. We believe that it is the responsibility of the leadership of these state societies to demand that efforts for an integrated national organizational structure for pharmacy be initiated immediately. This is no time for half-way measures, such as an agreement for the executive bodies of the two groups meeting twice during the coming year.

In addition, it is the duty of the pharmacists who are members of the APhA and of the NARD to advise these groups that they will countenance no delay. They should demand and expect to see concrete implementation of steps taken in good faith to proceed toward the ultimate goal of cementing the fragmented structure of pharmacy.

Every facet of the world of pharmacy has the right to organize, to work and to fight for what is its own legitimate and what we hope is its enlightened self-interest. This goes for the pharmaceutical manufacturing industry, wholesalers, educators, licensing boards, hospitals and the allied health professions.

Pharmacists, too, have legitimate self-interests that are entitled to the benefits of the vigorous advocacy of a dynamic, enlightened, responsive national body. Pharmacists are providing their splintered national organizations with more than $3,000,000 annually to represent them.

The APhA and the American Society of Hospital Pharmacists are to be commended for recognizing the need for an objective study of the current organizational structure of pharmacy with the view of determining what changes are required to cope with the challenges of today and tomorrow. They have agreed to proceed with this study and have invited the NARD to join them.

The American College of Apothecaries and the National Council of State Pharmaceutical Association Executives have also exercised incentives in bringing about face-to-face discussion between the APhA and NARD.

The patience of pharmacists is wearing thin. They expect a plan—a set of priorities—a program for their implementation and progress toward fulfillment during the coming 12 months.

The leadership of APhA and NARD bear grave responsibilities for the resolution of this long-festering, complex problem.

Certainly pharmacists will expect an accounting of the action of the executive bodies of the groups by the time of their annual meetings in April and October 1972.

— Nathan I. Gruz

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Washington Spotlight For Pharmacists by APhA Legal Division

The Transfer of Controlled Substances By Pharmacies

A recent change in the Controlled Substances Act regulations allows a pharmacy to transfer a controlled substance to either another pharmacy or a prescriber, under certain conditions, without being registered as a distributor. These new regulations supersede the prior regulations which prohibited a pharmacy from providing a physician with stocks of controlled substances for his office use—unless the pharmacy was registered as a distributor, and the regulations which allowed inter-pharmacy transfers, only in "emergency situations" and only in the quantity needed for immediate dispensing.

The new regulation (§307.11) reflects the BNDD recognition that pharmacies and other dispensers perform a vital and necessary service function by providing limited supplies of drugs, including controlled substances to other practitioners.

The Controlled Substances Act authorizes the Bureau to waive registration requirements for certain distributors where it is consistent with public health and safety. The Bureau, has indicated by this recent change that the infrequent distribution of controlled substances by a practitioner, without registration as a distributor, is consistent with the public health and safety.

The new regulation is intended only to provide a mechanism for the accommodation transfers between pharmacies and the servicing of physicians, by supplying them with office supplies of controlled substances. It is not intended to allow large scale transfers between pharmacies nor to allow pharmacies or other practitioners to engage in wholesale distribution of these substances.

In line with the rationale of this section and the purposes for which it was formulated, a "five percent" limitation is imposed.

FIVE (5) PERCENT TEST

The total number of dosage units of all controlled substances distributed by a practitioner pursuant to this section (§307.11), may not exceed 5% of the total number of dosage units of all controlled substances distributed and dispensed by the practitioner during a twelve month period. This figure is based on dosage units, not dollar volume.

If a pharmacist or other practitioner distributes in excess of this figure, he is considered to be engaged in a significant wholesaling business and must register additionally, as a distributor.

RECORDKEEPING REQUIREMENTS

All distributions and receipts, under this section, must be recorded. The record should contain the name, address and registration number of each practitioner, the quantity, strength and dosage form of the controlled substance involved, and the date of the transaction.

The Bureau will accept either of two systems for the records distributions:

1. Invoices, order forms, or other documents evidencing the transfer may be stamped and filed in the same manner as prescriptions, provided it clearly states that it was a distribution and not a dispensing or prescription.

   or

2. The documents may be filed separately from all other records.

Records of receipts should be filed in the same manner as receipts of controlled substances from wholesalers or manufacturers.

RECORDS FOR SCHEDULE II CONTROLLED SUBSTANCES

Schedule II controlled substances may also be transferred or distributed under this regulation. An official order form must be utilized for any distribution or receipt of Schedule II drugs.

The records for Schedule II drugs distributed or received under this regulation must be kept separate from the records for Schedule III, IV or V controlled substances, as required by the Act for all records.

Maryland Board of Pharmacy News

Pharmacy Changes

The following are the pharmacy changes for the month of September:

New Pharmacies

Larken Pharmacare, Inc., Kenneth S. Sumida, President, 5202 Baltimore National Pike, Baltimore, Maryland 21229.

Northwest Community Professional Pharmacy, Roger C. Lipitz, President, 3140 Oakford Avenue, Baltimore, Maryland 21215.

Plaza Drugs, Jonas Yousem, President, 2244 Hanson Road, Edgewood, Maryland 21040.

No Longer Operating as Pharmacies

Drug Fair No. 61, Milton L. Elsberg, President, 6891 George Palmer Highway, Seat Pleasant, Maryland 20027.

Changes of Ownership, Address

Crestlyn Pharmacy, Marvin Anshell (Change in ownership), 3840 Crestlyn Road, Baltimore, Maryland 21218.

Asbill Pharmacy, Alfred H. Alessi, President (Change of address), 42 West Chesapeake Avenue, Towson, Maryland 21204.

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MPhA Fall Regional Meeting

The Maryland Pharmaceutical Association held its Fall Regional Meeting in conjunction with TAMPA and LAMPA on Thursday, October 7, 1971 at the Baltimore Playboy Club. Luncheon and cocktails were served prior to the meeting.

The Squibb Past Presidents Award was presented to Donald O. Fedder by Gerald Bringenburg, District Manager for E. R. Squibb & Co. Charles E. Spigelmire, Baltimore pharmacist, received the A. H. Robins "Bowl of Hygeia" award for outstanding community service by pharmacists from Roger L. Elgin, district manager in the Capitol Division of A. H. Robins Company. Mr. Spigelmire is treasurer of the Baltimore Metropolitan Pharmaceutical Association.

Samuel W. Kidder, Pharm. D., M.P.H., of the Community Health Service, Division of Medical Care Standards of the federal Department of Health, Education and Welfare was the guest speaker. The topic of discussion was "Health Maintenance Organizations."

Sydney L. Burgee, Speaker of the House of Delegates, called the meeting of the House to order. A report from the Prescription Insurance Plans Committee was given by chairman Morris Bookoff. Mr. Bookoff reported that he was awaiting guidelines from the National Pharmacy Insurance Council before the association establishes a pharmacy services foundation for handling third party area activities.

Other activities of this committee which were reported were: formulation of guidelines for pharmaceutical services to the medically indigent, establishment of a pharmacy and therapeutics committee with the Maryland State Medical Society, development of a formulary, and processing of the Esskay Meat Company office and sales employees' prescription insurance program which formerly was available only through one drug chain in the Baltimore area.

The committee is looking into other prescription insurance plans such as the Teamsters Plan No. 355, Senior Citizens Plan and the AFL-CIO Plan. It was pointed out that non-MPhA members will also be able to participate in any prescription insurance programs administered by MPhA.

Chairman of the Board of Trustees, Donald O. Fedder, explained the Drug Product Selection issue and made a motion for endorsement of a proposal to amend State anti-substitution laws to permit pharmacists to dispense another brand than which the prescriber indicates on his prescription unless the prescriber also denotes the name of the manufacturer of the drug which he orders. After some discussion and an unsuccessful attempt to amend the motion, the motion was approved as presented.

The meeting was adjourned at 4:45 p.m.

Photo courtesy of Jerome L. Fine and Paramount Photo Service

Charles E. Spigelmire receives Bowl of Hygeia Award at MPhA Fall Regional. Roger L. Elgin, right, representative of A. H. Robins Company makes presentation.

APhA Asks Senator Humphrey To Help Gain Commissions

APhA has asked Senator Hubert H. Humphrey (D-Minn) to seek amendment of the Selective Service Act to assure commissions and pharmacy assignments in the military.

"It would seem that the time is right for such an amendment to the Selective Service Act," APhA Executive Director Apple wrote to Senator Humphrey. Dr. Apple reviewed APhA's continuing efforts in the area and concluded: "There is ample justification for such a position in view of the contribution pharmacists could make to optimal health care in the military and in view of the long standing inequity which has existed whereby pharmacists are the only remaining major health professionals who are not granted the status and authority necessary for them to exercise their professional responsibilities while in the service of their country."

PHARMACY CALENDAR

December 9—(Thursday)—Maryland Society of Hospital Pharmacists meeting at University Hospital, 7:30 p.m.

December 12-16—American Society of Hospital Pharmacists Sixth Annual Midyear Clinical Meeting, Washington, D.C.

January 30, 1972—56th Annual Installation Banquet & Dance, Baltimore Metropolitan Pharmaceutical Association, Blue Crest North.

April 22-28, 1972—American Pharmaceutical Association Annual Meeting, Houston.

May 7-9, 1972—Annual Convention, Maryland Pharmaceutical Association, Washington Motel and Country Club, Gaithersburg Maryland.

May 17-22, 1972—Post-convention trip, Maryland Pharmaceutical Association, Pierre Marquis Hotel, Acapulco, Mexico.

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LAMPA *News*

Ladies Auxiliary Maryland Pharmaceutical Association

The newly refurbished Playboy Club in Baltimore was the locale for LAMPA's Fall Regional Meeting on Thursday, October 7, 1971. Over a hundred men and women enjoyed a delicious filet mignon lunch, served by the well-publicized "bunnies."

After lunch, Donald Fedder, MPhA Board of Trustees Chairman, was awarded the Squibb Past President's Award—a beautiful Delft Mortar and Pestle. Charles Spigelmire, Treasurer of the BMPA, received the 1972 Robins Bowl of Hygeia Award for community service—a handsome brass bowl, in silhouette, mounted on a wooden plaque, and appropriately engraved.

During LAMPA's business meeting, the revised Constitution was approved by a unanimous vote of the members present. President Dora Rockman announced that the MPhA would sponsor a trip to Acapulco, Mexico, May 17 thru 22, 1972, as part of the annual convention. All other reports reflected favorable news, both financial and social.

"Tools of the Apothecary" a presentation by Morris L. Cooper, curator of the MPhA Cole Pharmacy Museum, was another first for LAMPA. The Cooper Collection has been shown in Europe and South America, but has not had too much local exposure. The color slides, which were unusually clear, showed a large number of mortars and pestles, of varied sizes and shapes, in metal, wood and ceramic and ranging in age from the present to a rare 10th century Islamic antique. Elaborate show globes, as well as archaic drug chopping machines were shown. Also, the more familiar pill tile and tablet machines of 50 years ago. Several delicate and unusual scales; a cork reducer, as well as a cork retriever; and a quassia cup; all elicited spontaneous questions. Even a round, metal hot water bottle appeared on the scene.

Especially interesting was a collection of old compounds, the labels describing the many and diverse uses, brought forth chuckles. Suppository molds, for man or beast; a labeling machine, and a blood letting gadget, for relieving hypertension, were carefully explained.

At the conclusion of the slide showing, Mr. Cooper showed and explained several very old articles he had brought to the meeting, such as a banjo scale, used to weigh opium; an elaborate doctor's kit; and silver pills. All the artifacts shown were of museum quality; many having been authenticated by officials of the Smithsonian Institute in Washington, D.C.

It is almost impossible to adequately summarize a collection so varied, but you leave with a distinct feeling that the collector is sincerely dedicated to his profession and enjoys seeking out and studying the treasures of the past—the foundation upon which some of today's progress is built.

—Ann Crane
Communications Secretary

A. Z. O. News

An AZO Breakfast Meeting was held on Sunday, October 24 at the Quality Courts Motel on Reisterstown Road. The AZO Fall Regional Meeting was scheduled for November 6 and 7 at the Hunt Valley Inn, Baltimore.

TAMPA *News*

The Traveler's Auxiliary of the Maryland Pharmaceutical Association held a dinner meeting at Peerce's Plantation in Dulaney Valley on October 7. The featured speaker was Mr. Charles Keller of the Baltimore Sun, who showed slides of his recent trip behind the Iron Curtain.

The group held its very successful "Ladies' Nite" on Thursday, November 4 at the Garland Dinner Theater in Columbia, Md. Members saw the hilarious play "A Very Uncomplicated Girl."

Prince Georges–Montgomery County

The Prince Georges-Montgomery County Pharmaceutical Association held its 17th Annual Scholarship Fund Affair on Saturday, October 30, at the Washingtonian Country Club in Gaithersburg, Maryland. Proceeds from the affair will be used to provide scholarship assistance at the University of Maryland School of Pharmacy. The program was entitled "A Night at the Races" and included a buffet dinner and auction.

An executive committee meeting was held on October 20 in Silver Spring.

Eastern Shore Pharmaceutical Society, Inc.

The Eastern Shore Pharmaceutical Society held its annual Fall Meeting on Sunday, October 17 at the Harbor Vue Inn, St. Michaels, Maryland. The evening's speaker was Mr. Richard J. Holt, Curator of the St. Michaels Museum.

Members of the group attended a meeting of the Delaware Pharmaceutical Association held at the Century Club in Milford, Delaware on October 20. A physician from the Wilmington area spoke on "The Pharmacist's Role in Management of the Diabetic." Also, a P.M.A. film was shown entitled "Mr. Galen Goes to Town."

Have You Returned Your Biographical Information Sheet?

If you haven't done so, please complete and return the biographical information sheet which appeared in the July 1971 issue of "The Maryland Pharmacist." Return of the questionnaire by each member will assist the Association in serving the profession more effectively. If you do not have your form, there are more available from the MPhA office.

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Hospital Pharmacy Section

Maryland Society of Hospital Pharmacists Meeting of October 14, 1971

The Maryland Society of Hospital Pharmacists held its October 14 meeting at St. Joseph's Hospital in Towson. The guest speaker was Sharon K. Chapman, Ph. D., Assistant Professor, Pharmacology and Toxicology, University of Maryland, School of Pharmacy. Her topic was entitled "Drug Therapy and the Cardiac Patient."

New members admitted in the Society at the meeting were: David M. Arrington, pharmacy resident at the Johns Hopkins Hospital; Tuong Anh Bui Nguyen, pharmacy resident at Maryland General Hospital; Robert T. Wheeler, Jr., Ciba representative; and the following students: Brenda M. Brandon, Geoffrey J. C. Boyd, Linda Susan Craig, Michael A. Grover and Donna S. Levin.

Reports were heard from Clarence Fortner, the seminar committee chairman; Samuel Lichter, the seminar program chairman; Paul Burkhart, the monthly meetings program chairman; and Howard Sherman, the membership committee chairman.

Dr. Peter P. Lamy and Vincent dePaul Burkhart will present a paper entitled "Patient Education Using Audio-Visual Aids" at the annual meeting of the Association for the Advancement of Science on December 26 in Philadelphia.

Mary Connelly announced that the Board of Directors, at its meeting of September 22, had decided to institute a continuing education program which would recognize the society members' attendance at society functions during the year by issuing credits. The Society approved a motion to adopt this continuing education program. The Board also met on October 13 with attorney Joseph S. Kaufman, legal counsel for the Maryland Pharmaceutical Association, in reference to legal implementation of the "Guidelines for Pharmacy Services in Hospitals." At a meeting of the Board held on October 14, some proposed changes in the medicaid prescription program were discussed.

All-American Hospital Pharmacy Seminar

An All-American Hospital Pharmacy Seminar was held on October 23, 1971 at the Friendship International Hotel in Baltimore. The seminar was attended by nearly 200 pharmacists from the District of Columbia and Maryland areas. The seminar was presented by Eli Lilly and Company in cooperation with the District of Columbia Society of Hospital Pharmacists and the Maryland Society of Hospital Pharmacists.

Mary Connelly, president of the Maryland Society of Hospital Pharmacists, gave the opening remarks. Loren Platte of the Professional Relations Department of Eli Lilly introduced the panelists.

The program included: "The Shape of Things to Come" by Dr. Glen J. Sperandio, Professor and Head of the Department of Clinical Pharmacy, Purdue University; "A Response to the Challenge" by John A. Oliver, Clinical Pharmacy Practitioner and Educator, San Diego, California; "Drug Interactions" by Dr. Edward A. Hartshorn, Director of Pharmacy Service, Evanston Hospital Association, Evanston, Illinois; "The Impact of Unit Dose on Drug Distribution" by Carl B. Burnside, Head, Technical Services, Equipment Sales, Elanco Products Company, Indianapolis; and the dinner speech, "You Are the Master of Your Future" was given by Martin S. Ulan, Vice President, Hackensack Hospital, Hackensack, New Jersey.

ASHP Council Meets

The American Society of Hospital Pharmacists held a three day meeting of its Council on Organizational Affairs at ASHP headquarters on October 4, 5 and 6, 1971. The meeting which was attended by council member Robert E. Snyder of Baltimore consisted of a two day conference and a one day retreat on clinical problems at which all ASHP councils participated.

One of the main objectives accomplished at the council meeting was a reorganization of the affiliated state chapters arrangement.

American Medical Association Contracts For ASHP's Computer Drug Code

The American Medical Association has recognized the outstanding utility and versatility of the *Drug Products Information File* (*DPIF*) in the recent signing of a two-year contract for its use. According to the terms of the contract, ASHP's computer code of information on drug products will be employed in revising each chapter of *AMA Drug Evaluations.* With data on over 20,000 drug products and their packages, *DPIF* will provide information on dosage forms, routes of administration, strengths, packages, etc., for incorporation into the AMA book.

The AMA utilizes an IBM 360/Model 50 computer at its headquarters in Chicago. About fifteen researchers, five systems analysts and fifteen programmers work on various AMA computer-related projects.

More than 40 hospitals in the United States, Canada and Israel now utilize ASHP's *Drug Products Information File* in a wide range of computer systems including inventory control, patient billing, cost analysis, preparation of drug lists and abridged formularies, and maintenance of records on controlled drugs.

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Baltimore Metropolitan Pharmaceutical Association

Baltimore Metropolitan Pharmaceutical Association Meeting of October 21, 1971

The Baltimore Metropolitan Pharmaceutical Association held a general meeting at the Kelley Memorial Building in Baltimore on October 21, 1971 at 8:30 p.m.

The meeting began with a presentation on antibiotic therapy by Paul V. Niznik of the Eli Lilly Company. This was followed by a panel discussion on "Prescription Insurance Programs—New and Old" moderated by Morris Bookoff, Maryland Delegate to the National Pharmacy Insurance Council. (Note: Mr. Bookoff's presentation is published on page 18 of this issue).

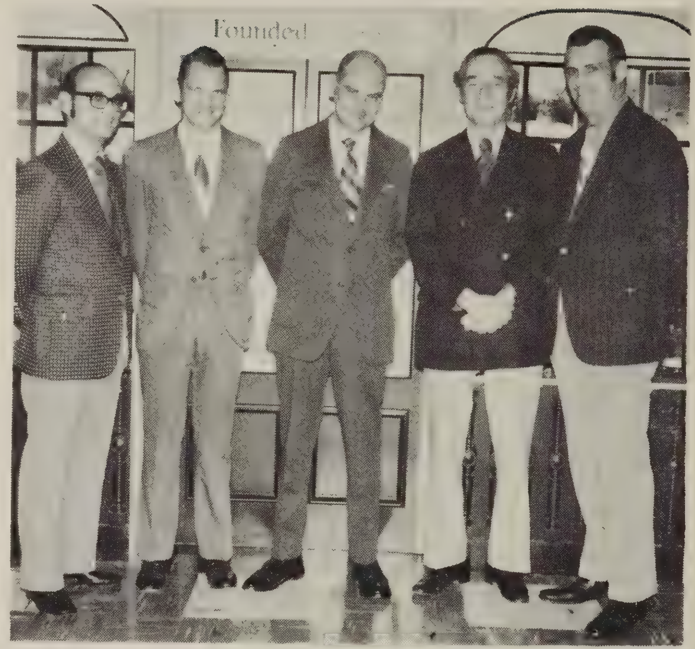
Other participating panelists were Stuart L. Baltimore, Jr., Manager of Pharmacy Relations, Maryland Blue Cross and Robert E. Snyder, Pharmacy Consultant, Prescription Drugs, Inc. A business meeting followed.

Presentation Made to Camp Glyndon

Photo by Paramount Photo Service

Irvin Kamenetz, President, Baltimore Metropolitan Pharmaceutical Association, presents check to Dr. A. A. Silver (left), Medical Director, Camp Glyndon Camp for Diabetic Children. More than $3300 was collected through pharmacies in the Baltimore area to help rebuild the vandalized facility.

BMPA Meeting



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Left to right: Melvin Rubin, Program Chairman; Paul V. Niznik, Eli Lilly Company; Stuart L. Baltimore, Jr., Manager of Pharmacy Relations, Blue Cross; Irvin Kamenetz, President, Baltimore Metropolitan Pharmaceutical Association; and Morris Bookoff, Moderator. Robert E. Snyder, Pharmacy Consultant to Prescription Drugs, Inc., and panelist, not photographed.

MPhA To Serve As Clearing House In Third-party Drug Program

The Maryland Pharmaceutical Association will serve as a clearinghouse for the prescription program for sales and office employees of the Esskay (Schluderberg-Kurdle Co., Inc.), a group representing about 400 families. The plan will be served through all pharmacies as a result of efforts of the MPhA office.

MPhA is currently engaged in efforts to set up the machinery for an operation under pharmacy auspices to serve as a clearing house for all third-party drug programs. This work is proceeding under Morris Bookoff, Chairman of MPhA's Prescription Insurance Plans Committee.

The objectives are to have pharmacy input into every aspect of third-party payment systems that affect the profession and develop a unified, disciplined posture vis-a-vis sponsors and administrators of these programs. Under consideration to implement these goals is the establishment of a nonprofit corporation which will be composed of participating pharmacists.

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Third-Party Prescription Programs--Delight or Dilemma

by Morris Bookoff,
Maryland Delegate to the National Pharmacy Insurance Council

Based on presentations at the annual meeting of the American College of Apothecaries, Cockeysville, Maryland held on October 3, 1971 and at the meeting of the Baltimore Metropolitan Pharmaceutical Association on October 21, 1971

Prior to 1968 third-party programs were of little magnitude, and in most states they were present only in the form of Medicaid or state welfare programs. Pharmacists, of course, being noted for their philanthropy and public spirit mindfulness were asked, in most instances, to subsidize these programs through the payment of fees below prevailing rates, and in many states this situation still persists.

Since 1968, however, it's been a new ball game. Here in Maryland, pharmacists, in addition to participating in state programs, are also serving the "Blues," union prescription plans, PAID, Prescription Drugs, Inc., Medi-Met and Champus. And those pharmacies near Washington serve even more!

Unfortunately, when third-party programs became a fact, pharmacy was unprepared. Policy was dictated to us. We found ourselves faced with a different form, a different fee and a different basis for computing cost with each developing program.

Initial forms were so poorly designed that the first task of the Maryland committee was to redesign them so that someone other than a Ph.D. in computer technology could complete one. With this accomplished, we sought to broaden the use of plastic I.D. cards and imprinters. Blue Cross cooperated by allowing pharmacies to use their imprinters for state Medicaid Rx's. Of even greater importance is the work being done by the National Pharmacy Insurance Council in the development of a standard claim form and a single I.D. number for each pharmacy.

Fees . . . How are they determined? Oh! That formula is very simple. It was devised by a clever third-party administrator and goes like this: current state Medicaid fees plus ten cents equals a happy pharmacist, delighted to make an extra dime . . . That's his opinion! I guess this is where our philanthropy has finally caught up with us.

A recent survey of Rx fees for private patients in Maryland revealed an average fee of $2.25. However, the third-party fees average only $1.85. Are these third-party fees realistic when one considers the additional time involved in filling out forms and the delays in payment by these programs?

In the light of this, shouldn't third-party fees be greater rather than less than regular fees? Take the problem of a different basis for computing cost of ingredients. Why should someone in Detroit with no knowledge of pharmacy operations, make the decision that acquisition cost should be used to compute cost when normally we use wholesale cost. Let's be realistic. What is acquisition cost? Is that the cost to the door or the cost to the Rx counter? For those who warehouse, is it the cost to the warehouse, or is it the cost to the store? It just doesn't make sense to purchase drugs in quantity only to pass the savings on to General Motors, Chrysler, Ford, etc. Would they sell me my delivery vehicles at acquisition cost plus a fee determined by me? Why is it that under the Noerr Doctrine, pharmaceutical associations may negotiate and discuss fees with federal, state and local governments; but we must petition the government to negotiate with other third parties? Isn't it ironic that we cannot negotiate, but that those who are receiving the benefits of our services negotiate for these very benefits?

I refer to the N.A.R.D. bill—a proposed measure entitled the "Prepaid Prescription Negotiation Act." It would permit negotiation of reimbursement and details of program operation. The interim guidelines proposed to the Federal Trade Commission and Justice Department would allow representative pharmacy groups to give third-party program administrators information on operational costs of retail pharmacies, costs incurred in dispensing prescription drugs and costs related to professional services performed by pharmacists. These guidelines, however, will not permit any pharmacy group to enter into any binding agreements. Nor may the advisory groups engage in any boycott activity relating to a proposed or existing third-party program. In my opinion, this will accomplish very little.

In Maryland I have met informally with third-party administrators and sponsors on a one-to-one basis and, in fact, have done exactly what the guidelines suggest. Will the administrators or sponsors be any more receptive just because a committee of three or four is involved? I would like to think so, but I highly doubt it. Without some of the tools used by others who bargain collectively, I feel our efforts will be in vain.

Let me address myself to the area which concerns me the most, and I hope everyone here agrees. That is, the failure of these programs to establish guidelines as to what constitutes proper pharmacy service. I quote Dr. Donald Rucker, Senior Health Analyst, Social Security Administration, 'The goal of a large third-party program (should be) to develop an objective basis for calculating the economic value of dispensing services."[1] I say that the goal of a large third-party program should be to be certain that the recipients of service get proper pharmacy care—then, to worry about cost. Mr. Administrator, don't force those pharmacies which have sought to improve the quality of pharmacy care to return to the dark ages. Don't make us abandon the use of patient record cards and the ability to find drug interactions. Just two weeks ago my associate discovered a patient on Coumadin being given a prescription for Butazolidin. Should this patient now be among the dead because administrators who are totally ignorant of their impact determine that patient record cards are a nonreimbursable service?

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[1] American Druggist, August 9, 1971

Many of us feel that prscription delivery is vital to proper pharmacy service. Just last week someone called and didn't ask if we deliver but how soon we could deliver since the patient was hemorrhaging. Should the patient bleed to death because administrators don't recognize delivery as being important to good pharmacy care?

Again, let me quote Dr. Rucker, "Delivery is another matter which will have to be determined. Should this be included as a necessary operating cost?" [2] Recently, the state of Maryland budgeted $2,000,000 to provide for transportation of indigents to physicians and hospitals yet no reimbursement is budgeted for pharmacists who provide delivery service.

Let me briefly mention some services not generally recognized by administrators:

(1) Compounding—Do third-party programs have adequate fees for compounding? Is it any wonder that some pharmacies refuse to fill these prescriptions, causing great inconvenience to the patients.

(2) Twenty-four hour emergency service — Shall those of us who provide this type of service discontinue it?

(3) Unit dose—With all the cry about the care of the aged, does our state recognize this method of prescription delivery system. Yes, but the payment is the same: no payment for packaging and no payment for extra cost of dispensing. How archaic can a system be when it stifles improvement?

(4) Patient record cards—I just can't over emphasize its importance. The responsibility of pharmacy to the public concerning drug and medication control and dissemination of drug information demands an adequate pharmaceutical record system. A pharmaceutical record system serves as positive proof of the willingness of a pharmacist to accept additional responsibilities concerning patient health care.

(5) Continuing education—Shall those who strive to keep abreast of the times be treated as those who merely go through the motions?

(6) Delivery

And I'm sure you can add even more.

Obviously, the need is great to develop guidelines for pharmacy service and the establishment of dual or variable fees so that those pharmacies providing some of the vital services that I have mentioned are properly compensated.

It is relatively easy for us to overlook unjust fees when they represent such a small portion of our volume. But if current predictions on the growth of third-party programs are correct and certainly if a national health insurance bill is passed, this will not be the case. Therefore, Mr. Administrator, don't let pharmacy be subject to criticism for failing to give proper care when our hands have been tied. Let us work together to establish guidelines in order that we may have control of our future and so that we may give to the American public the type of pharmacy service to which it is entitled.

---

[2] F.D.C. Report, August 9, 1971

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Professional Relations serves as your personal liaison with CIBA's "home office." It is this department that coordinates the policies and procedures that affect you. For instance, policies for return goods, disaster assistance, expiration dating, and product identification drug codes all originate in Professional Relations. Members of this department also represent CIBA at many local and national meetings, so stop by and discuss anything that's on your mind. They're at your disposal.

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CIBA

First Maryland Health Care Corporation to Coordinate HMO's

The First Maryland Health Care Corporation, a Baltimore non-profit organization affiliated with the City Health Department, has been funded with a $98,880 planning grant from the U.S. Office of Economic Opportunity.

Incorporated early in the year, this new organization is now in the process of designing health maintenance organizations (HMOs) to offer prepaid family health care packages to potentially as many as 200,000 Baltimoreans in the northwest and west sections of the city. Over the next two years First Maryland anticipates an additional two to three million dollars in OEO funds to help pay for health services. When completely organized, this non-profit health agency will coordinate a network of consumers, interested physicians, medical groups, hospitals, neighborhood health centers and community health councils.

The First Maryland Health Care Corporation will be one of 11 model HMOs funded through OEO to carry President Nixon's national health strategy to inner city residents. Dr. Robert M. Vidaver, former director of education in the Maryland State Department of Health and Mental Hygiene, is the agency's first president. Health maintenance organizations are a new direction in health care. HMOs under First Maryland would provide total health care services from neighborhood centers for a single monthly premium. Subscribers and their participating family members could have any number of doctors' visits, consultations or days if general hospital care. Two HMOs are operating now in the First Maryland area: one is sponsored by the West Baltimore Community Corporation and the other by Provident Hospital.

City Health Department studies indicate large numbers of Baltimoreans go without ordinary medical care simply because there are no physicians nearby. Fifteen of the city's census tracts are without a single primary care physician. Many more are woefully understaffed. In search of solutions, Dr. John B. DeHoff, Deputy Commissioner of Health, was assigned the job of implementing a pilot Baltimore HMO having particular concern for inner city people. First Maryland, which is patterned after the academic health manpower organization, the Maryland Consortorium for the Health Sciences, grew out of this effort. Representatives of the Sinai, Provident, Lutheran and Bon Secours hospitals, the Provident OEO and West Baltimore neighborhood care centers, the Gar-Wyn Medical Group, the Baltimore City Medical Society and the Northwest Community Organization have joined with City Health Department physicians Dr. James D. Carr, Dr. Jimmie L. Rhyne, and Dr. DeHoff in the corporation. To be sure First Maryland's consumers get the services they need, its guiding Board of Trustees includes one-half consumers, two-thirds of whom are poor people.

The First Maryland Health Care Corporation, like other health maintenance organizations, seeks to develop group practice alternatives to the time-honored solo practitioner, fee-for-service medicine. Rising costs, doctor shortages and crowded emergency rooms are adding impetus to HMO formation, the more so since Mr. Nixon's February "Health Message" endorsement.

University of Maryland School of Pharmacy

William J. Kinnard, Jr., Ph.D., dean of the School of Pharmacy, University of Maryland at Baltimore, has announced new faculty appointments.

Laurence H. Hurley, Ph.D., has been appointed assistant professor of pharmacognosy. Herbert Kushner, M.D. has been appointed assistant professor of pharmacy. Dr. Kushner is presently assistant professor of medicine at the University of Maryland School of Medicine and will be responsible for coordinating the therapeutics course given to senior students in the School of Pharmacy. He will also serve as consultant in the clinical pharmacy program which is run by the School of Pharmacy and the University of Maryland Hospital.

Also appointed to the clinical pharmacy staff, serving jointly with the School of Pharmacy and the University of Maryland Hospital, is Robert A. Kerr, Pharm. D. John F. Fader, II has been appointed lecturer in pharmacy administration. Mr. Robert J. Michocki and Mr. J. Kenneth Walters, both B.S. in pharmacy graduates from the University of Maryland in 1971, have been appointed associates in pharmacy, serving the School of Pharmacy and University Hospital in the area of clinical pharmacy. Mrs. Karen T. Collins has been appointed clinical associate in pharmacology and toxicology. Mrs. Collins has been poison control officer in the Poison Information Center located at the School of Pharmacy.

Mr. William J. Edmondson has been appointed coordinator of the professional experience program and associate in the department of pharmacy. Mr. Edmondson, who will coordinate the school's educational program with the clinical instructors in community and hospital pharmacy, will be teaching the pharmacy students during the professional part of their education.

Alabama Trains Preceptors

Effective August 1, 1971, all pharmacists who have been approved by the Alabama State Board of Pharmacy as preceptors must attend a training seminar for preceptors at least once every two years. Such training seminar shall have prior approval of the board.

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J.T. Baker Signs Agreement With Hadassah

The J. T. Baker Chemical Company, division of Richardson-Merrell Inc., has signed a formal agreement with Hadassah for the rights to a cancer diagnostic test developed at the Hadassah Hebrew University Medical Center in Jerusalem. Announcement of the signing of the agreement was made by A. L. Baldock, President of J. T. Baker and Mrs. Max Schenk, President of Hadassah, the Women's Zionist Organization of America. Mr. Baldock emphasized that development of this test for use in the United States will be prolonged and that it is not possible to predict what its commercial significance will be to Baker.

The evaluation program for this diagnostic test known as the T-globulin test, will be carried on jointly by the scientific staffs of J. T. Baker and Merrell-National Laboratories Division of Richardson-Merrell Inc. These chemical and pharmaceutical divisions of Richardson-Merrell Inc. bring together a combination of the skills necessary to perfect the test.

The test, developed by Dr. Chloe Tal, an immunologist at the Hadassah Hebrew University Medical Center in Jerusalem, shows promise for the early detection of cancer.

Joseph G. King Elected President of The American College of Apothecaries – College Adopts Single Resolution

At the 31st Annual Convention in Hunt Valley (Baltimore), Maryland, October 1-4, the following officers were elected and installed: Joseph G. King, Chattanooga, Tennessee, President; Casimir H. Srutwa, Scottsdale, Arizona, President-Elect; Lynn H. Cook, Flint, Michigan, Vice President and Minter B. Ralston, Jr., Weston, West Virginia, Treasurer. M. Donald Pritchard, Buffalo, New York is the new Chairman of the Board of Directors.

For only the second time in its history, the ACA concerned itself with a single resolution. The resolution follows:

WHEREAS the hiking of minimum orders for direct purchasing to unrealistic levels is prejudicial to the best interests of the independent community pharmacist and is discriminatory to those Pharmacy practitioners who operate single pharmacies; and

WHEREAS unrealistically high minimum orders preclude the individual pharmacy owner from competing with the multiple pharmacy operator in today's highly competitive market-place;

BE IT RESOLVED that the American College of Apothecaries in convention assembled urge Pharmaceutical Manufacturers to review these policies in order that minimum direct orders may achieve a more realistic level.

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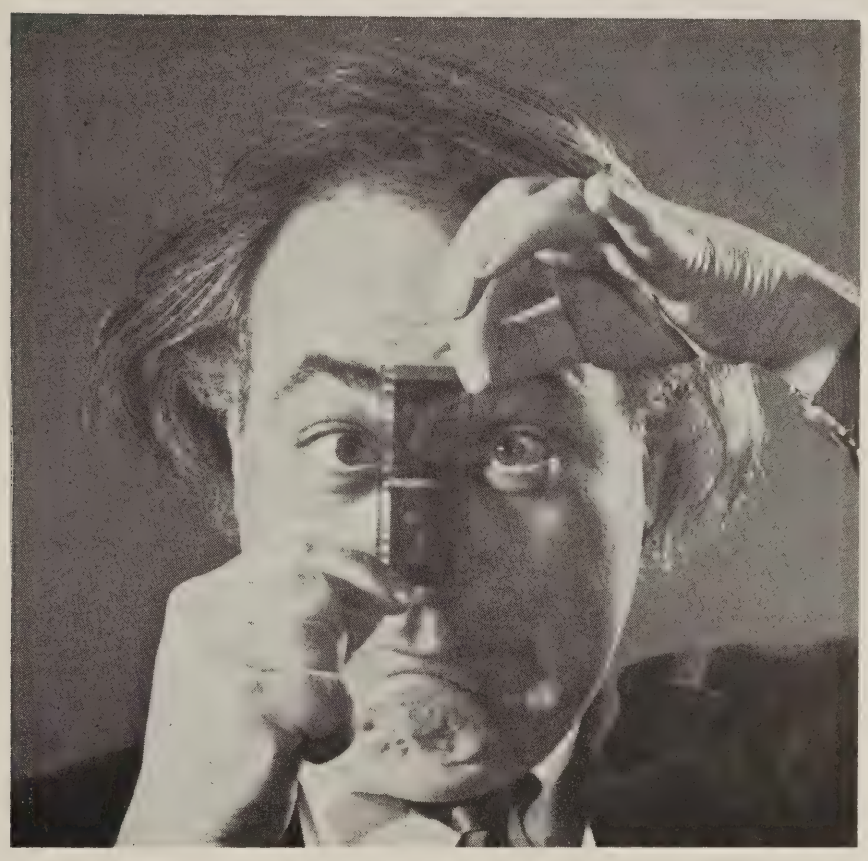

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PMA Announces New 'Starter' Research Grants

The Pharmaceutical Manufacturers Association Foundation announced a new program of "starter" research grants aimed at helping young college investigators to develop their independent research capabilities.

Foundation President C. Joseph Stetler said the Foundation will make approximately 15 two-year grants of $5,000 a year. Research fields covered by the program are pharmacology, clinical pharmacology, and drug toxicology.

"The purpose of the Research Starter Grant Program is to provide financial support to young investigators who need initial funding," Stetler said.

Funds generally will be unrestricted, except the grant cannot be used for salary support and no more than $500 can be used for travel.

Information describing the grant program has been mailed to colleges and universities throughout the country. Grants will be made to the institution on behalf of the applicant.

Those holding academic rank through assistant professor and investigators at the doctoral level with equivalent positions are eligible to apply for starter grants, provided their proposed research is neither directly nor indirectly subsidized to any significant degree by extramural support. Applicants will be judged on the merits of the proposed research and the degree of need by the investigator.

The deadline for awards beginning January 1, 1972, is January 1, 1972, is October 15, 1971.

Recipients will be selected by the Foundation's Board of Directors, based on recommendations from its Scientific Advisory Committee.

Alabama Becomes 18th State To Affiliate With APhA

The Alabama Pharmaceutical Association became the 18th state pharmaceutical association to vote to affiliate with APhA since 1962 and the second to do so this year. Almost two out of every three pharmacists reside or practice in states affiliated with APhA.

Other states that have affiliated with APhA are: California, Delaware, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, New Jersey, Ohio, Pennsylvania, South Carolina, Texas, Virginia and Wisconsin.

APhA Is Clearinghouse For Wage-Price Questions

In cooperation with the Office of Emergency Preparedness, APhA will serve as a clearinghouse for questions from pharmacists regarding President Nixon's 90-day wage and price freeze.

Under this arrangement, questions submitted to APhA by pharmacists and state pharmaceutical associations will be compiled and submitted to OEP. Questions requiring policy determination will be submitted to the Cost of Living Council by OEP. OEP will respond to APhA in writing and answers will be disseminated to state pharmaceutical associations and published in the *APhA Newsletter*, as appropriate.

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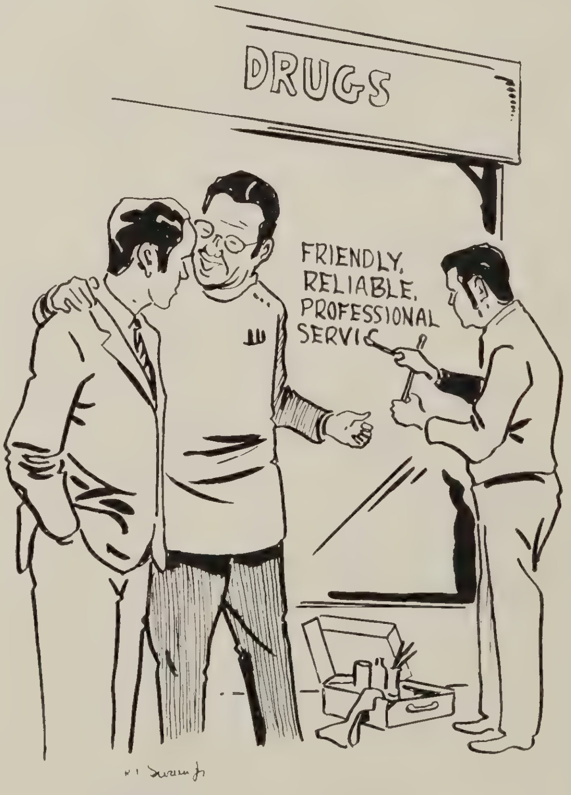

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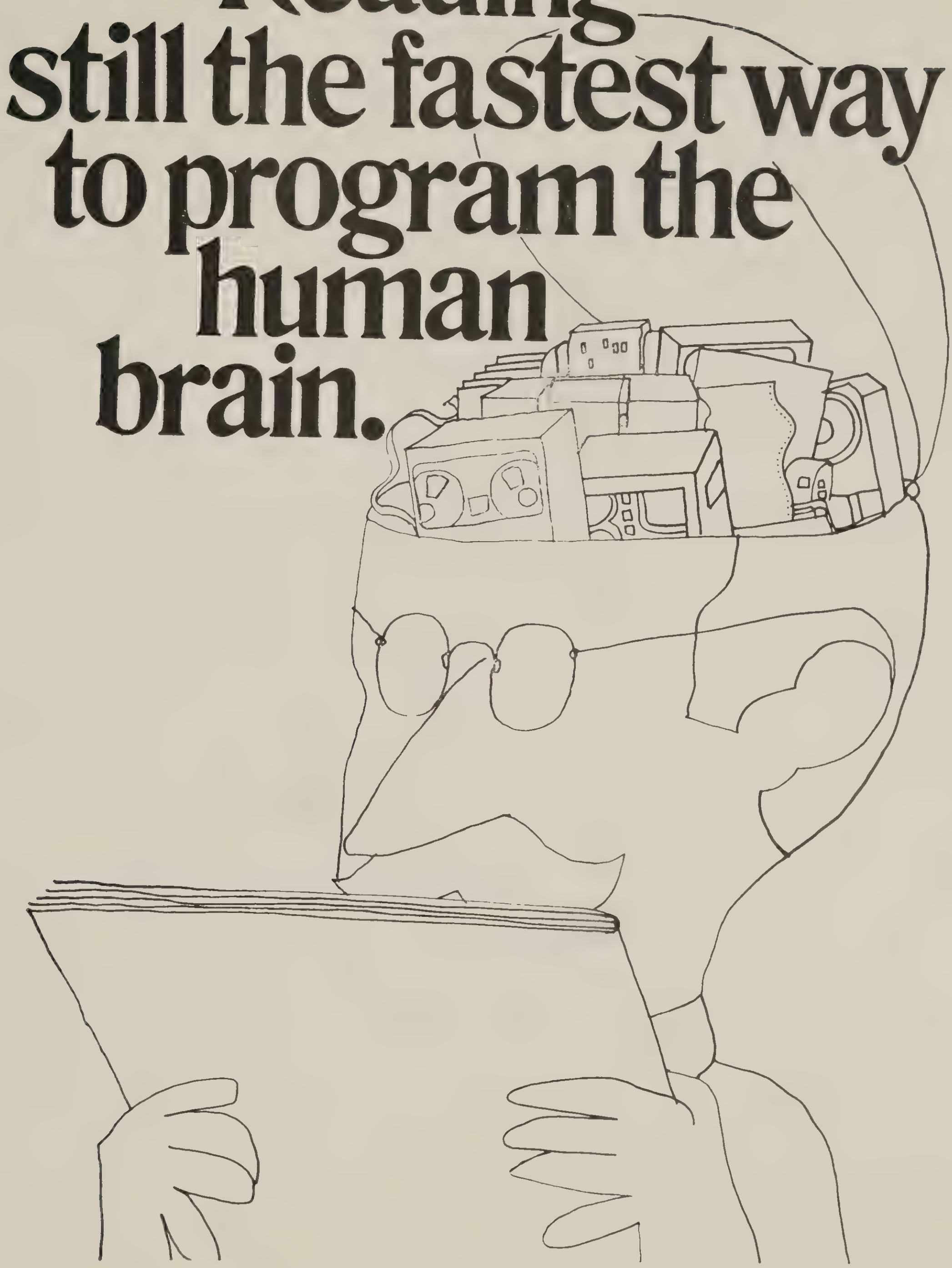

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Obituaries

Henry J. August

Henry J. August, 61, died suddenly on October 25 at Thurmont, Maryland where, for the past 15 years, he had been proprietor of the only town pharmacy. He was a 1933 graduate of the University of Maryland School of Pharmacy and former proprietor of Medford Pharmacy on Eastern Avenue.

A member of the Maryland Pharmaceutical Association, Mr. August is survived by his widow Mary, son, Henry J., Jr., and two brothers and two sisters.

Joseph P. Marmor

Joseph P. Marmor, 70, died at the Veteran's Administration Hospital at Perry Point, Md. on October 16. A former life member of the Maryland Pharmaceutical Association, Mr. Marmor was proprietor of the Modern Pharmacy in Frederick for 27 years until his retirement in 1965.

Samuel A. Romanoff

Samuel A. Romanoff, 74, former proprietor of Ruxton Pharmacy, died on October 13, 1971 at Fort Lauderdale, Florida.

Grant Downs, Jr.

Grant Downs, Jr., 62, 1933 graduate of the University of Maryland, School of Pharmacy died at Montgomery, Alabama on October 24, 1971.

Nancy K. Crozier

Nancy K. Crozier, 71, died on October 21, 1971 after a long illness. She was the wife of John A. Crozier, former general manager of Calvert Drug Company. Mrs. Crozier was a member of the Ladies Auxiliary of the Maryland Pharmaceutical Association.

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Drug Strike Force Set for Baltimore

A federal grant of $201,540. made by the Law Enforcement Assistance Administration, has been received by the City of Baltimore for purposes of funding a special narcotics strike force that will operate out of the state's attorney's office. The strike force will be comprised of seven prosecutors, seven investigators and four administrative and clerical personnel and will be headed by Lt. Stephen Tabeling, a veteran detective in the police department, and Peter D. Ward, an assistant state's attorney.

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the maryland pharmacist

Editorial—A Revolutionary Decade: 1961-71

Is A Congress of American Pharmacy Needed?

Annual Report of the Maryland Board of Pharmacy

Summary of Minutes of MPhA Board of Trustees Meetings

Volume 47 DECEMBER 1971 Number 12

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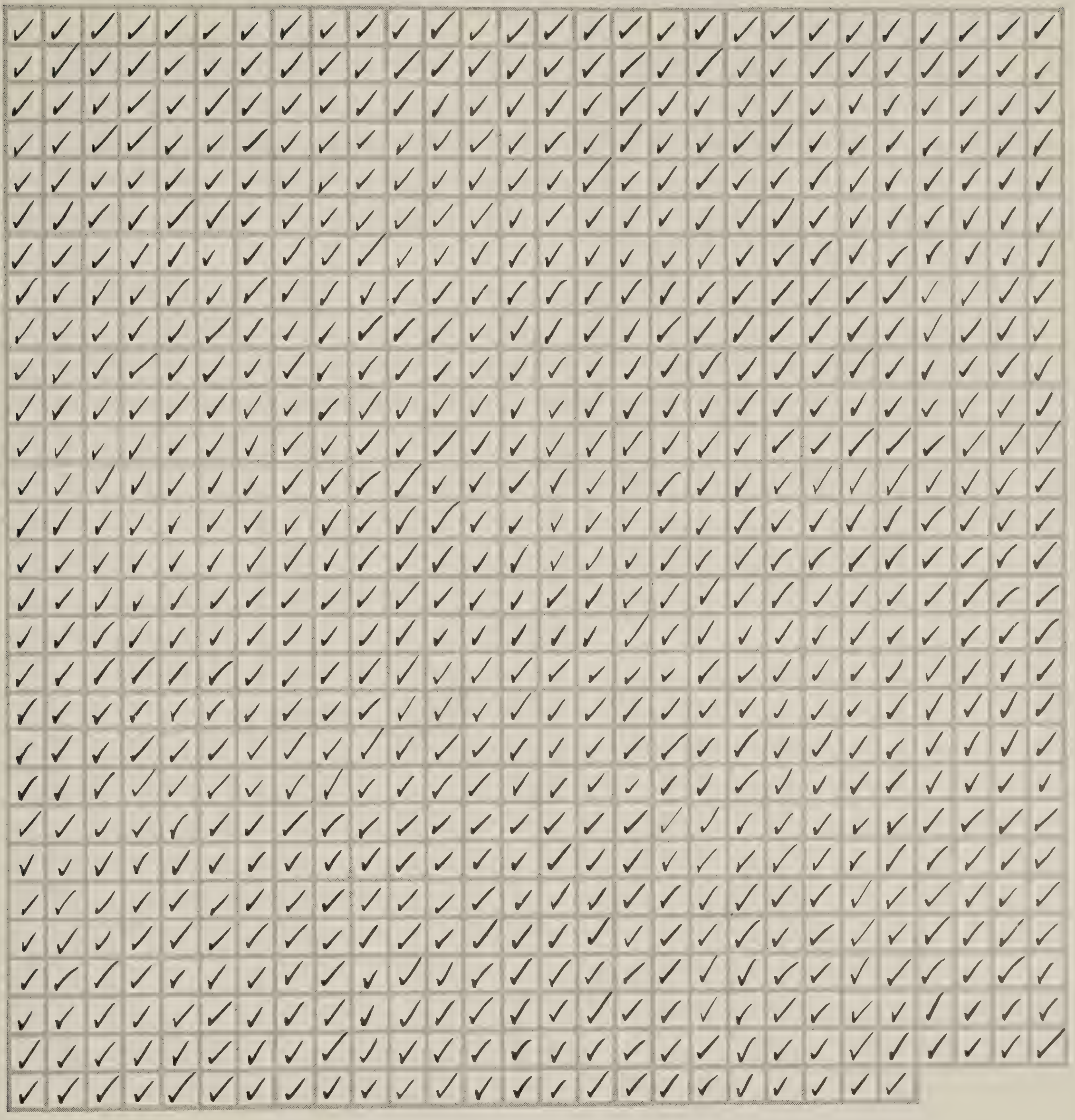

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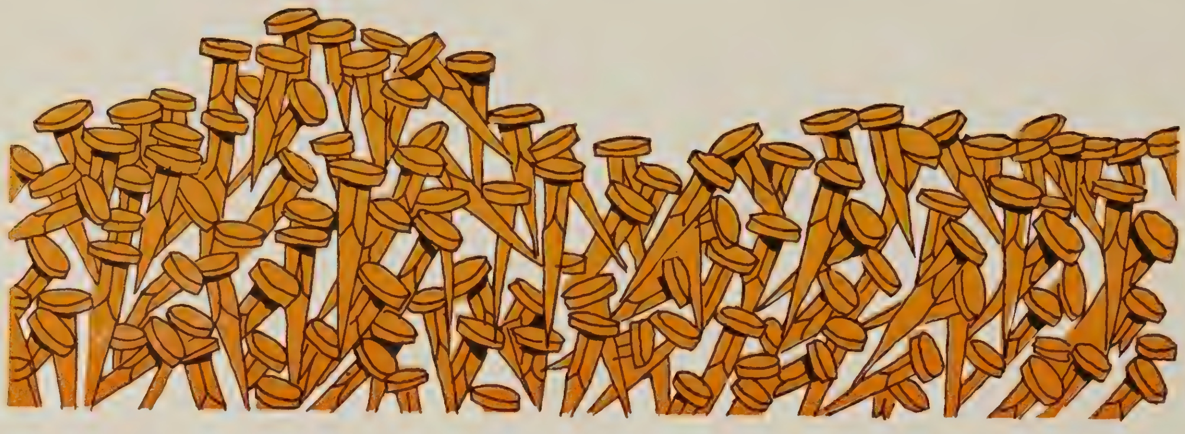

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Editorial . . .

A REVOLUTIONARY DECADE: 1961-71

Is A Congress of American Pharmacy Needed?

The completion of a decade as the executive officer of the Maryland Pharmaceutical Association is the occasion to look at what has transpired. It has been a revolutionary decade for the world, for society, for our nation, for attitudes and practices in the area of health care. So why should we think pharmacy should stand still? Pharmacy like every aspect of society has also undergone radical change.

Upon assuming the executive and editorial posts with MPhA in November 1961, the major issues were maintenance of "Fair Trade," effects of Kefauver hearings ("generic equivalents" and prices of drugs and prescriptions), APhA-NARD relations, "Medical care" programs (welfare and for the aged), entrance of food chains into pharmacy, discounting, the "professional fee" concept, outpatient hospital dispensing.

Some of these issues of 1961 have gone from the scene; some are still here but in a drastically changed form. But most important, we believe, is that the attitude of the profession has changed drastically.

Pharmacists today in greatly increasing numbers are reacting as more knowledgeable and sophisticated members of the health care professions. They are more militant in their approach to the forces which obstruct their legitimate professional and economic aspirations as they seek to fulfill their essential roles in the delivery of health care.

Pharmacists seek to integrate their organizational structure in order to consolidate their limited manpower and financial resources. They recognize that a unified organizational structure must be forged. Once a pharmacist would make a commitment to become part of his voluntary professional representative democracy network, he would be able to enter it only through a single portal. It would be either *all* or *none.*

The form and substance of such a structure could be developed by convening a "Congress of American Pharmacy" with representation from every state.

Such a "C.A.P."—Congress of American Pharmacy—made up of pharmacist representatives elected by the pharmacists of each state and including representatives of every facet of pharmacy practice and interest, could address itself to the resolution of the competitive and overlaping activities of APhA, NARD, ASHP and ACA. The agenda for American pharmacy can be laid down, the priorities spelled out and organizational roles delineated.

A difficult but not impossible task if pharmacists have but the wisdom and the will. In order for pharmacists in Maryland to exert leverage, we must increase our voice in the APhA House of Delegates. The enrollment of every MPhA member as an APhA member will grant us the additional delegates. Affiliation with APhA also brings us new MPhA members.

In a decade—perhaps in a half-decade—we could thus mobilize all the elements of the profession of pharmacy into an instrument for maximum utilization of pharmacists as full-time health professionals.

— Nathan I. Gruz

MPhA Esskay Prescription Plan

MPhA is pleased to announce the completion of arrangements to serve as a clearinghouse for the Esskay Company's Prescription Drug Program. Previously this program for the office and sales employees was limited to one pharmacy chain.

In line with the MPhA commitment to a policy of "free choice of pharmacy" in the prescription practice, all pharmacies will be eligible to participate by completing and returning the required form available from MPhA.

Eligible employees of Esskay (Schluderberg-Kurdle Company) will present an orange I.D. card which includes the EXPIRATION DATE and deductible amount per prescription of $.50 to be collected by the pharmacist. Coverage includes husband, wife and their children.

All prescription claims will be submitted on the MPhA Rx form, which conforms to the National Pharmacy Insurance Council (NPIC) standard Rx form. The form fits standard imprinting machines. The professional fee or service charge is $1.95 per prescription. The wholesale price of ingredients is used as a basis for this cost.

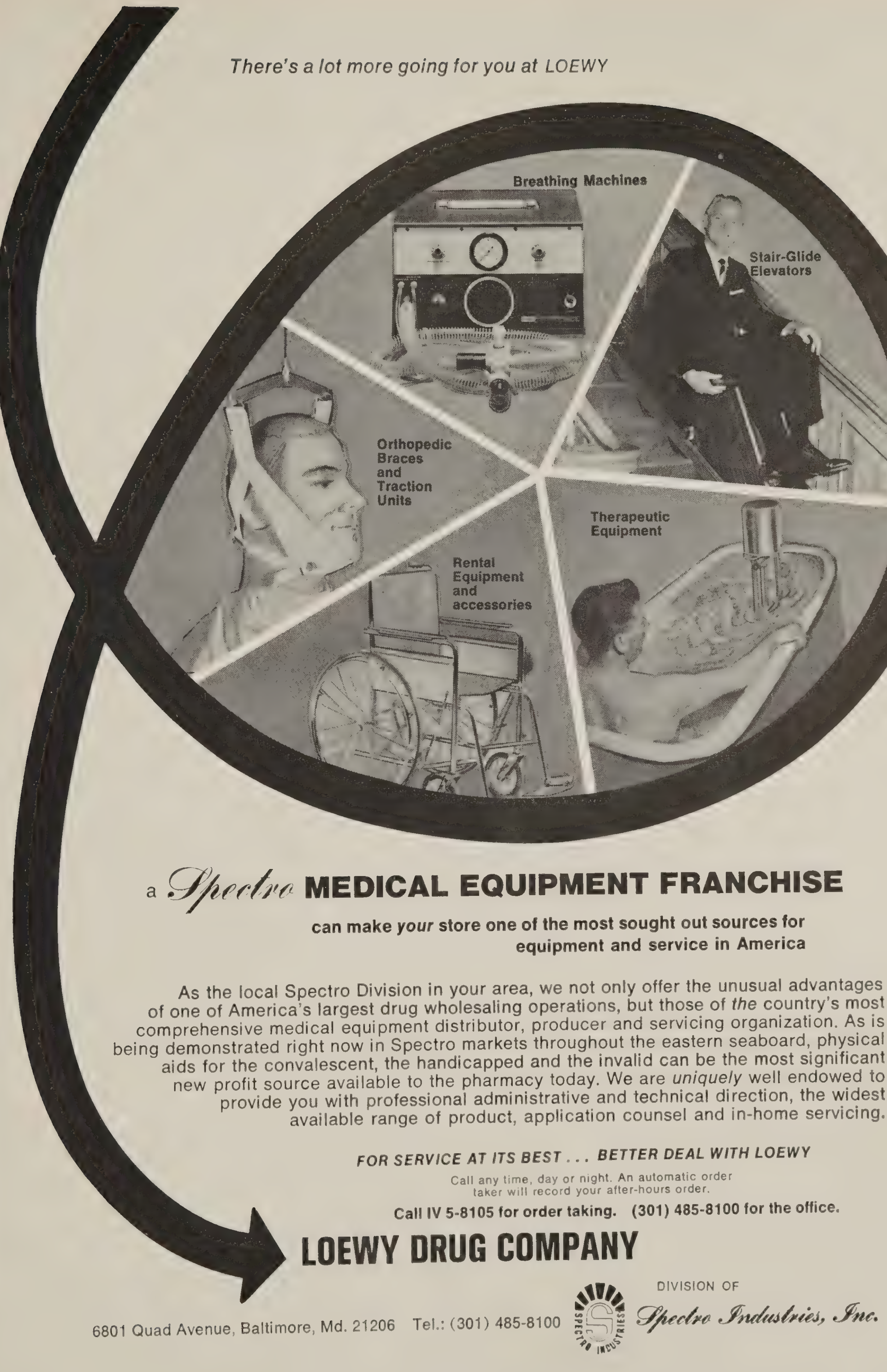
Insulin Benefit

Pharmacists may dispense a maximum of four (4) vials of insulin at one time and collect only one deductible. Payment will be the reasonable charge to regular customers.

This MPhA service is a pilot program. In addition, work is progressing with several other prescription insurance and third-party plans. Consideration is being given for the establishment of a nonprofit foundation under pharmacy auspices to provide for a full administrative and processing capability.

CORRECTION

The editorial in the November 1971 issue, fourth paragraph from the end, should read as follows: "have also exercised *initiatives* in bringing about."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Maryland Board of Pharmacy News

BOARD OF PHARMACY REVOKES LICENSES

At hearings held before the Maryland Board of Pharmacy on October 13, 1971, the licenses of Maurice J. Karpa and James W. Poindexter to practice pharmacy in the state of Maryland were revoked.

Mr. Karpa answered charges of having been convicted of a crime involving the Controlled Dangerous Substances Act and of being guilty of grossly unprofessional conduct. Mr. Karpa had been tried in the Circuit Court of Baltimore County. He had been sentenced to pay a fine and to serve a term of six months in the Baltimore County Jail. Sentence was suspended on the condition that Mr. Karpa discontinue the practice of pharmacy and that he not be in any manner interested in or employed in a pharmacy. He had operated the Donnybrook Pharmacy.

Mr. Poindexter, charged with having been convicted of a crime by the Criminal Court of Baltimore City involving professional misconduct respecting the pharmacy or drug laws and having been convicted of a crime involving the State Uniform Narcotic Drug Act or the Federal Narcotic Laws, did not appear to testify. He had been convicted of the crimes of false pretense and conspiracy. On the basis of the evidence presented, his license to practice pharmacy in the state of Maryland was revoked. He formerly operated the Sav-On Pharmacy.

Pharmacy Changes

The following are the pharmacy changes for the month of October:

New Pharmacies

Dart Drug Corporation, Waldorf, Herbert H. Haft, President, Route 301, Waldorf, Maryland 20601.

MEMCO Prescription Pharmacy, Wayne H. Fisher, President, 12550 Rockville Pike, Rockville, Maryland 20850.

No Longer Operating As Pharmacies

None

Change of Ownership, Address

GEM Pharmacy, Irving Wiggs, President (Change of Corporate Officers), 3130 Branch Avenue, Suitland, Maryland 20023.

GEM Pharmacy, Irving Wiggs, President (Change of Corporate Officers), 5100 Nicholson, Kensington, Maryland 20795.

GEM Pharmacy, Irving Wiggs, President (Change of Corporate Officers), 6501 Baltimore National Pike, Baltimore, Maryland 21228.

GEM Pharmacy, Irving Wiggs, President (Change of Corporate Officers), 7930 Eastern Boulevard, Baltimore, Maryland 21224.

GEM Pharmacy, Irving Wiggs, President (Change of Corporate Officers), 2421 Chillum Road, Hyattsville, Maryland 20780.

The following are the pharmacy changes for the month of November:

New Pharmacies

None

No Longer Operating As Pharmacy

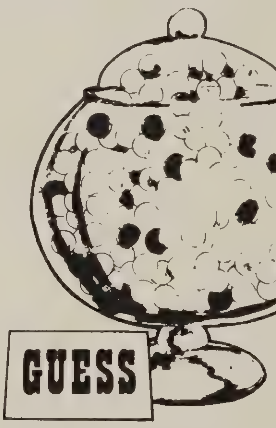
Combs and Neutze Pharmacy, John F. Neutze, 5925 York Road, Baltimore, Maryland 21212.

Change of Ownership, Address

Thurmont Pharmacy, Gordon and Joyce Hair (Change of ownership), 12 East Main Street, Thurmont, Maryland 21788.

Macek's Pharmacy, Bernard F. Macek, President (Change of name and ownership), 900 South Ellwood Avenue, Baltimore, Maryland 21224.

Finksburg Pharmacy, A. Neuburger and T. Suter (Change of ownership), Finksburg, Maryland 21048.



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Summary of Minutes of Board of Trustees Meetings

September 9, 1971

1. Communications included letter from Governor's office in response to letters written by President Schwartz and Mr. Gruz regarding appointment of MPhA representatives to health commissions. The Governor has indicated that consideration will be given to MPhA recommendations. Letter regarding Kidney Foundation of Maryland (referred to Professional Relations Committee). Letter involving Baltimore City Health Department's interest in the availability of 24-hour pharmacy service in the inner city.
2. The President reported that he had participated in hearings in Annapolis regarding the use of supportive personnel in pharmacies.
3. The Executive Director reported on his appearance before the zoning commission on behalf of Dr. John C. Krantz, Maryland Psychiatric Research Center, regarding the opening of Epoch House, a research center for drug abuse. The office has been receiving numerous inquiries related to the wage and price freeze. APhA is collating all questions and will subsequently provide the information to affiliated associations. Two meetings have been held regarding the Kermit White Memorial at which the establishment of a drug abuse program in Edmondson Village area was proposed. Other activities: meetings of the Board of Pharmacy and health centers and conferred with Attorney General's office.
4. The Membership Committee report indicated a decrease in owner category and an increase in non-owner category. The 1972 campaign will begin in October.
5. The Public Health Information Committee report related that the MPhA V.D. Campaign resulted in meetings with Public Relations Committee of the state medical society. Dr. Howard J. Garber, Chief of Communicable Diseases, Maryland State Department of Health, advised MPhA of formation of a state commission on V.D. which will include Mr. Freiman as MPhA representative.
6. The Prescription Insurance Plans Committee report noted MPhA recommendations regarding Medical Assistance Program including recommendations for a prescription fee of $2.35 for FY 1973. Conference was held with Mr. Benjamin Jaffe of United Prescription Program regarding new prescription policies. MPhA position was that "wholesale" should be used rather than "acquisition cost" and to limit number of abuse items to 30-day supply which would be taken up with state as well. The need for a staff employee to work on third-party plans was discussed.
7. The Legislative Committee reported it had reviewed resolutions for control of advertising of drugs on television. Other proposals included removal of geographical limitations by Board of Pharmacy, use of supportive personnel, nursing home ownership of offsite pharmacies, freedom of choice of pharmacy in third-party programs, mailing of samples, registration of detail men, establishment by Board of Pharmacy and MPhA of a Commission on Pharmacy Discipline and mandatory continuing education. Pharmaceutical services in nursing homes are to be surveyed. Opposition to a prefiled bill requiring pharmacists to place expiration date on label of prescriptions was approved.
8. The Convention Committee chairman reported that the postconvention trip for 1972 would leave Baltimore on May 17 to Acapulco, Mexico, returning on May 22. Arrangements are being made for approximately 200 at the Pierre Marques Hotel. The 1972 Convention will be held at the Washingtonian on May 7, 8 and 9th.
9. Representatives of the Maryland Society of Hospital Pharmacists met with the Board regarding "Guidelines for Pharmaceutical Services in Hospitals." The "Guidelines" will be redrafted in regulatory terms and condensed before submission to the Attorney General.
10. The Board of Trustees approved the Metropolitan Guild of Pharmacists as a "recognized organization" in the House of Delegates under Article V, Section 2.32 of the By-Laws.
11. The following new members were approved: Stephen Needel, Arnold Smolen, Charles Marsiglia, David R. Chason, Michael Cohen, Wayne Dyke of Baltimore; Milton Moskowitz, Laura Tepper, Ralph Sigman of Silver Spring; Robert W. Elliott, Ocean City; Charles D. Reynolds, Hyattsville; Darlene F. McMahon, Mt. Ranier; Joel Serin, Landover; Herbert Niefield, Rockville; Charles W. Kelly, Cambridge, Gary Boyer, Frederick; Edward B. Roth, Olney; Robert R. Hayward, Kensington.
12. The APhA Pledge Plan was approved as follows: First year, $10, second year, $15, third year, $20; and fourth year, $25 MPhA dues.
13. In response to the Maryland Comprehensive Health Planning Agency adopted motion to present to the Board of Pharmacy a proposal in cooperation with the School of Pharmacy and all facets of pharmacy for regulations on use of supportive personnel.
14. There was discussion on the possibility of working out a formulary system with the state medical society and Board of Pharmacy utilizing statement on each prescription form.
15. Voted support for Senator Hart's Bill "Regulation of Trade in Drugs" to prevent physicians from pharmacy ownership or ownership in drug repackaging companies.
16. Agreed to support position of D.C. Medical Society in regards to expelling of physicians prescribing methadone other than for detoxification purposes provided the addicts are provided with adequate care.

October 7, 1971

1. Communications included new Controlled Dangerous Substances Act received from Maryland Board of Pharmacy, offer of support for the 1972 Swain

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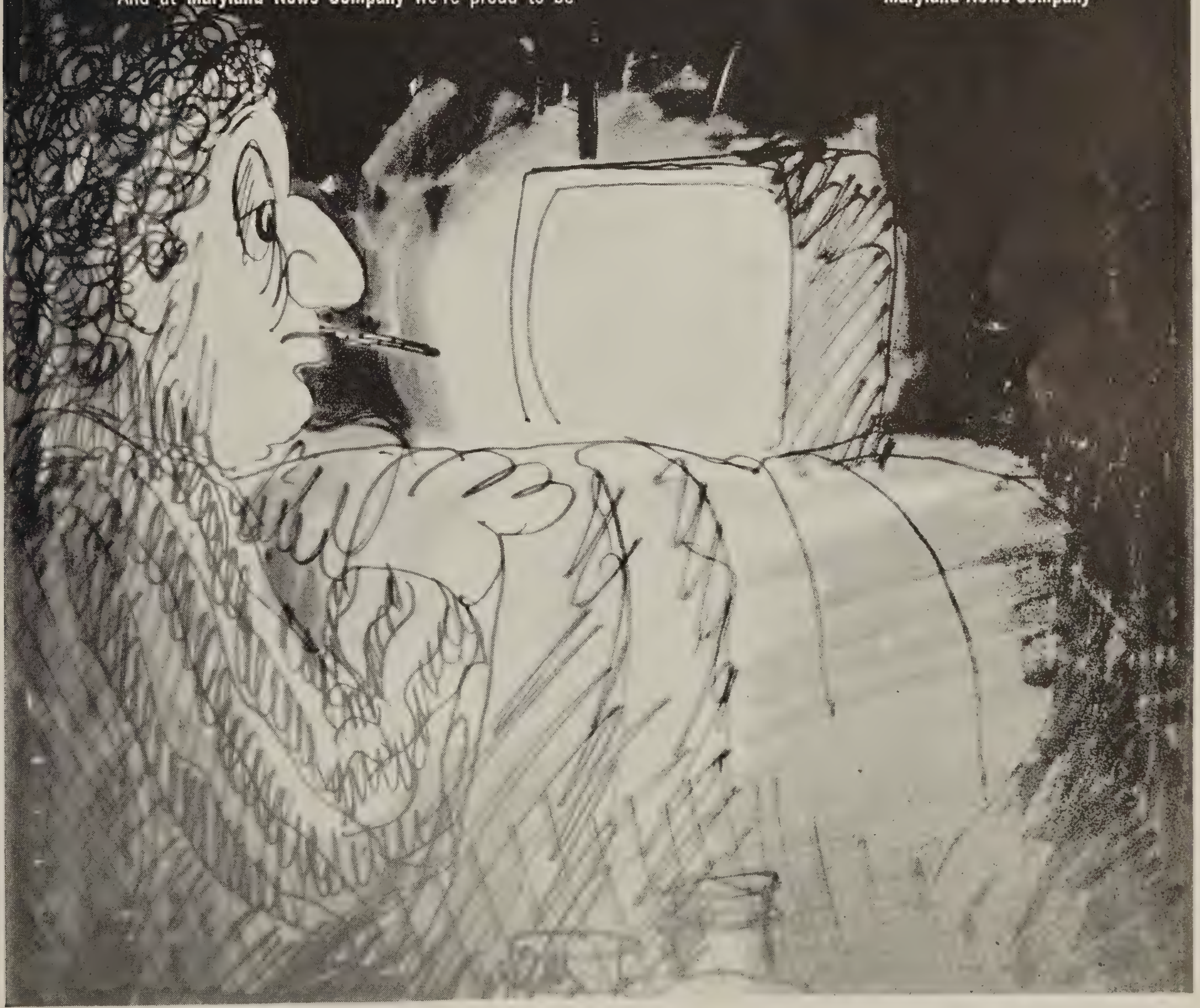

Seminar from MSHP, American Council of Pharmaceutical Education concerning its revision of the accreditation manual for schools and colleges of pharmacy in the United States and requesting comments, Maryland Diabetes Association again asking for MPhA participation during National Diabetes Week. Mr. Freiman will meet with representatives of MSHP and MPhA legal counsel Joseph S. Kaufman regarding adoption of "Suggested Principles and Guidelines for Pharmaceutical Services in Hospitals" as state regulation by the Board of Pharmacy. Morris Bookoff will represent MPhA at November 17 meeting of National Pharmacy Insurance Council in Washington.

2. The President commended Mr. Rubin for his efforts as Membership Committee Chairman in bringing in delinquent dues. Mr. Fedder will serve as chairman of the Nominating Committee for the coming year. The President attended the Washington County Pharmaceutical Association meeting in Hagerstown.
3. The Treasurer's report indicated expenses for the year average about $4,000 per month. Mr. Gruz was commended for controlling office expenses. The Metropolitan Guild of Pharmacists will be paying one-half of the members APhA dues beginning in 1972.
4. The Executive Director reported on plans of the East Baltimore Community Corporation to establish onsite pharmacy. A meeting was held with representatives from APhA regarding membership procedures. Maryland dues structure is lower than that of most other affiliated organizations. Attended the funeral of Eileen Brooks, Executive Secretary of the D.C. Pharmaceutical Association. Also meetings of the American College of Apothecaries and Washington County Pharmaceutical Association.
5. Membership Committee. A total of 784 members was reported in September as compared with 781 in 1970. The need for adequate MPhA staffing for membership work and improved communications was pointed out.
6. Public Health Information Committee. "V.D. — Voluntary Disaster" is theme of National Pharmacy Week. Posters have been distributed to member pharmacies and press releases have been published by newspapers and carried by television and radio stations. Mr. Freiman has been appointed to a Task Force on V.D. formed by the State Department of Health.
7. The Legislative Committee Chairman reported that proposed legislation preventing any third-party program from the interference with freedom of choice of pharmacy will be introduced. The sponsor of a bill requiring the expiration date to appear on Rx labels has withdrawn the bill. Revision of the labeling law seems indicated to require "label" and "do not label" to appear on prescriptions.
8. The Professional Relations Committee Chairman reported on the meeting with the state medical society concerning drug product selection. There was discussion of a formulary system for Medicaid patients while maintaining physicians' prerogatives of specifying manufacturer. The possibility of a combined convention with the state medical society and the state dental association has been suggested.
9. The following applications for membership were approved: Philip Bogash, Donald A. Schumer, Leon R. Catlett, Milton Watkowski, Stanton M. Rudo, William Tabak, Sidney Sober, Harold W. Clinksdale, Sidney Litvin, Albert Lichtman, William Jackson, Angelo C. Tompros, Paul L. Goldstein, John R. Newcomb, Milton Hillman, C. Herbert Wagner, Robert M. Plummer, Alvin Perkins.
10. The Nominating Committee was approved by the Board as follows: Donald O. Fedder, Chairman; I. Earl Kerpelman, Alder Simon, Rudolph Winternitz, Bernard B. Lachman, Stephen Hospodavis, H. Nelson Warfield, Joseph U. Dorsch and Mary W. Connelly.
11. There was a detailed review of the status of MPhA activities concerning governmental and other third-party programs. Conferences were held with Medicaid, Esskay, Senior Citizens groups, Maryland Commission on Aging, Benjamin Jaffe Associates and Maryland Health Maintenance Committee. Esskay has agreed to an MPhA plan to act as a clearinghouse for third-party prescriptions. The School of Pharmacy has set up a task force on third-party programs. There was discussion on activating the MPhA initiated Maryland Pharmaceutical Service Corporation for the handling of work involved with third-party payment plans.

Washington County Pharmaceutical Association

The Washington County Pharmaceutical Association held a meeting on November 17, 1971, in Hagerstown. Mr. Albert Metts, Executive Director of the Appalachian Regional Health Planning Council, was guest speaker for the evening. Mr. Metts discussed health planning for the future in Garrett, Allegany and Washington counties. He also spoke briefly on Health Maintenance Organizations and their potential role in the Washington County area.

University of Maryland School of Pharmacy Alumni Association

Alumni are invited to submit nominations for the Honored Alumnus Award presented by the University of Maryland School of Pharmacy Alumni Association.

Nominations together with a brief statement of information about the nominee should be submitted in writing to Harry R. Wille, Chairman, Honored Alumnus Award Committee, 306 Marydell Road, Baltimore, Maryland 21229.

The presentation will be made at the Alumni Association Annual Banquet in honor of the graduating class on May 31, 1972.

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Annual Report of the Maryland Board of Pharmacy

1970 1971

F. S. BALASSONE
Secretary-Treasurer

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to the Honorable Marvin Mandel, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the sixty-eighth report to the Governor of the State and the fifty-eighth to the Association. The report covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1971. This report is also being submitted to the Secretary of the Department of Health and Mental Hygiene.

Personnel

During the year the Board held 13 meetings, five of which were held at the School of Pharmacy of the University of Maryland, for the purpose of conducting examinations for registration of pharmacists.

At its first meeting the Board reorganized and elected Mr. Norman J. Levin, President and Mr. F. S. Balassone, Secretary-Treasurer. The other members of the Board were: Messrs. Howard L. Gordy, Morris R. Yaffe and Frank Block.

At the annual meeting of the Maryland Pharmaceutical Association held in Atlantic City, New Jersey on July 12-16, 1970, the Nominating Committee submitted the following names which were later submitted to the Governor as possible successors for Morris R. Yaffe whose term would expire on April 30, 1971:

Morris R. Yaffe
William I. Lottier, Jr.
Victor H. Morgenroth, Jr.

Governor Mandel reappointed Morris R. Yaffe a member of the Board for a term of five years, beginning May 1, 1971.

Examination

The Board will conduct two examinations for registration of pharmacists during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on November 2, 3 and 4, 1970 and will also be held on June 28, 29 and 30, 1971.

There were nineteen applicants for the full Board in November. Seventeen passed both the theoretical and practical portions of the examination and were subsequently registered. Two failed the examination.

Having previously passed the theoretical portion of the examination, seventy-two candidates took the practical examination in November. All of these candidates passed and were subsequently registered.

Six applicants took only the theoretical portion of the examination. All of these passed and will take the practical examination upon completion of their practical experience.

Three applicants took only the practical portion of the examination, as they did not have the required experience for reciprocity. These applicants passed and were subsequently licensed by reciprocity in Maryland.

There were eight applicants eligible to take the full Board in June. Seven passed both the theoretical and practical portions of the examination and were subsequently registered. One failed the examination.

Having previously passed the theoretical portion of the examination, sixteen took the practical portion of the examination. All of these candidates passed and were subsequently registered.

Eighty-five applicants were eligible to take only the theoretical portion of the examination. Seventy-nine passed this portion of the examination and six failed the examination. Upon completion of their practical experience, they will be eligible to take the practical portion of the examination.

Four applicants took only the practical portion of the examination, as they did not have the required experience for reciprocity. All of these applicants passed and will subsequently be registered by reciprocity.

The Board has decided to use the Standard Examination of the National Association of Boards of Pharmacy, and this examination was given for the first time in November in the following subjects:

Chemistry
Pharmacy
Mathematics
Pharmacology

The practical portion of the examination was prepared by the Board.

For the June examination all portions including the practical portion of the Standard Examination of the National Association of Boards of Pharmacy will be given to all applicants.

Record of Examination Held

November 2, 3 and 4, 1970

Applicants	Passed	Withheld	Failed
97	89	6	2

June 28, 29 and 30, 1971

Applicants	Passed	Withheld	Failed
109	23	79	7

Total Number Examined for Registration as Pharmacists

Applicants	Passed	Withheld	Failed
206	112	85	9

The following table shows the number of pharmacists who were registered by examination during the past ten years:

YEAR	NUMBER OF PHARMACISTS
1961-1962	62
1962-1963	74
1963-1964	100
1964-1965	11
1965-1966	64
1966-1967	58
1967-1968	41
1968-1969	60
1969-1970	93
1970-1971	112

As in the past many pharmacists applied for reciprocal registration in Maryland in order to accept positions with their employers who are opening stores in Maryland.

Those applicants who did not meet our requirements concerning practical experience prior to or after registration were advised that they must take our practical examination in order to verify their qualifications.

In all cases an applicant for reciprocal registration must appear for a personal interview. The entire Board must act on whether or not to grant registration to such applicants, who must sign an agreement to comply with Maryland's laws pertaining to drugs and pharmacy.

The following table shows those granted registration by reciprocity during the 1971 Fiscal Year:

Registered By Reciprocity

Name	Certificate Number	Dated	State
William A. Koerner	7230	July 10, 1970	New York
Ellen McC. Suber	7231	July 10, 1970	South Carolina
Gerald S. Fine	7232	July 10, 1970	Massachusetts
Donald K. Fellows, Jr.	7233	July 10, 1970	Louisiana
Stuart N. Morris	7234	July 10, 1970	Pennsylvania
Bonnie E. Walt	7235	July 13, 1970	Oregon
Jack A. Chaverini	7236	Aug. 3, 1970	Pennsylvania
Charles D. Conway	7237	Aug. 3, 1970	Massachusetts
Jerome B. Horwitz	7238	Aug. 3, 1970	Pennsylvania
Aaron J. Kauffman	7239	Aug. 3, 1970	Pennsylvania
Albert L. Moore	7240	Aug. 3, 1970	Oklahoma
Arthur D. Schatz	7241	Aug. 3, 1970	Pennsylvania
Joseph B. Summey	7242	Aug. 3, 1970	Georgia
Joe Bill Dickerson	7243	Aug. 25, 1970	Georgia
Elizabeth A. Ingrassia	7244	Aug. 25, 1970	Ohio
Alan D. Levitt	7245	Aug. 25, 1970	New York
James J. McKeever	7246	Aug. 25, 1970	Virginia
Robert J. Preston	7247	Aug. 25, 1970	Michigan
Morris L. Shapiro	7248	Aug. 25, 1970	Dist. of Columbia
John G. Smith	7249	Aug. 25, 1970	Dist. of Columbia
Oliver L. Thagard, III	7250	Aug. 25, 1970	Alabama
James E. Gilghman	7251	Aug. 25, 1970	Missouri
Haskell Bronstein	7257	Sept. 14, 1970	Massachusetts
George M. Davenport, Jr.	7258	Sept. 14, 1970	Alabama
Salvatore LaVerde	7259	Sept. 14, 1970	New Jersey
Robert J. Ollins	7260	Sept. 14, 1970	New York
Richard P. Stern	7261	Sept. 14, 1970	Pennsylvania
Myron H. Winget, Jr.	7262	Sept. 14, 1970	Dist. of Columbia
Albert H. Angel	7265	Sept. 30, 1970	Delaware
Martin L. Jones, Jr.	7266	Sept. 30, 1970	Dist. of Columbia
Sandra C. Woronow	7267	Sept. 30, 1970	New Jersey
James C. Bradshaw, Jr.	7268	Oct. 20, 1970	Dist. of Columbia
Barbara N. Dulichan	7269	Oct. 20, 1970	Dist. of Columbia
Janet R. Waddell	7270	Oct. 20, 1970	Pennsylvania
Donhue McD. Wilson	7271	Oct. 20, 1970	New York
Nathan Zapolsky	7272	Oct. 20, 1970	New Jersey
Steve C. Ippolito	7273	Oct. 23, 1970	Virginia
James M. Deneen	7274	Oct. 30, 1970	Illinois
James F. Cooper	7275	Nov. 12, 1970	Dist. of Columbia
Robert F. Kaplan	7276	Nov. 12, 1970	Pennsylvania
Frederick G. Marks	7277	Nov. 12, 1970	South Carolina
Katherine Z. Petrone	7278	Nov. 12, 1970	New York
Robert J. Roissier	7279	Nov. 12, 1970	Pennsylvania
Charles H. Ziemianski	7280	Nov. 12, 1970	Pennsylvania
Darnell Arnold	7281	Nov. 17, 1970	Texas
Nathan Cooper	7282	Nov. 17, 1970	Tennessee
James David Ford	7283	Nov. 17, 1970	Tennessee
Roger W. Mosley	7284	Nov. 17, 1970	Nevada
Harvey B. Press	7285	Nov. 17, 1970	Dist. of Columbia
Frederick M. Updike	7286	Nov. 17, 1970	Massachusetts
Douglas A. Gregory	7331	Dec. 4, 1970	Oregon
Hubert J. Malloy	7332	Dec. 4, 1970	Pennsylvania
William G. Pigeon, III	7333	Dec. 4, 1970	Oregon
Thomas E. Platek	7334	Dec. 4, 1970	New York
Millard R. Robinson	7335	Dec. 4, 1970	Pennsylvania
Darrell J. Bauer	7336	Dec. 7, 1970	Michigan
Carl R. Grimes	7337	Dec. 7, 1970	Georgia
Walter S. Szot	7338	Dec. 7, 1970	Massachusetts
Daniel J. Lageman	7370	Jan. 19, 1971	Kentucky
Albert H. Hurwitz	7373	Jan. 29, 1971	Pennsylvania
Edith B. Kale	7374	Jan. 29, 1971	Dist. of Columbia
Gary D. Leggett	7375	Jan. 29, 1971	Dist. of Columbia
Simon L. Levin	7376	Jan. 29, 1971	Dist. of Columbia
Kendal F. Melton	7377	Jan. 29, 1971	Tennessee
Alan Schreiber	7378	Jan. 29, 1971	Illinois
Maurice Cohen	7382	Feb. 17, 1971	Massachusetts
Abraham R. Cooper	7383	Feb. 17, 1971	Dist. of Columbia
David Vollmer	7384	Feb. 17, 1971	Pennsylvania
Frederick L. Wendt	7385	Feb. 17, 1971	New York
Melvin J. Wolfe	7386	Feb. 17, 1971	Pennsylvania
Charles E. Kight	7389	Mar. 3, 1971	Pennsylvania
Margaret F. Rumrill	7390	Mar. 3, 1971	South Carolina
Thomas V. McKeever, Jr.	7394	Mar. 19, 1971	Virginia
Richard C. Radwick	7395	Mar. 19, 1971	New York
Philip Rubin	7398	April 16, 1971	Dist. of Columbia
Johnnie Bingham, Jr.	7400	April 22, 1971	Dist. of Columbia
Basil L. Giandonato, Jr.	7401	April 22, 1971	Pennsylvania
Charles E. Hall	7402	April 22, 1971	Texas
Helen O. Ross	7403	April 22, 1971	Dist. of Columbia
John M. Torris	7404	April 22, 1971	Pennsylvania
Eva A. Mead	7405	May 3, 1971	Puerto Rico
Jerry L. Overbeck	7406	May 3, 1971	Texas
Ray Howard Bragg	7407	May 13, 1971	Alabama
Duncan Elliott Cameron	7409	May 13, 1971	Michigan
James L. Goodson, Jr.	7410	June 1, 1971	Georgia
Jimmie Wayne Bryant	7412	June 9, 1971	Virginia
Irving Sacks	7413	June 10, 1971	Dist. of Columbia
Leonardo S. John	7414	June 10, 1971	Dist. of Columbia
Marie Theresa Luschas	7415	June 10, 1971	Pennsylvania
Nicholas G. Sfakianos	7416	June 10, 1971	Pennsylvania
Lawrence A. Trissel	7417	June 10, 1971	Indiana
Paul David Chenoweth	7418	June 25, 1971	Virginia

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register by reciprocity in other states during the past ten years:

Fiscal Year	Reciprocity	Certified for Registration in Other States
1961-1962	35	20
1962-1963	54	18
1963-1964	46	23
1964-1965	63	20
1965-1966	44	25
1966-1967	61	27
1967-1968	64	20
1968-1969	84	27
1969-1970	75	40
1970-1971	92	26
Total	618	246

The table shows Maryland gained 372 pharmacists by reciprocity during the past ten years.

Pharmacy Permits

Location	1969-1970	1970-1971
Counties:		
Allegany	22	21
Anne Arundel	53	54
Baltimore	144	148
Calvert	1	2
Caroline	3	3
Carroll	11	12
Cecil	10	9
Charles	7	7
Dorchester	3	4
Frederick	14	14
Garrett	3	3
Harford	21	20
Howard	10	10
Kent	3	3
Montgomery	86	82
Prince George's	98	98
Queen Anne's	4	4
Saint Mary's	4	4
Somerset	5	4
Talbot	9	8
Washington	16	16
Wicomico	13	12
Worcester	7	6
County Totals	547	544
Baltimore City	238	223
State-wide Totals	785	767

The above figures include permits issued to hospitals in the counties as follows:

Allegany	2	Montgomery	4
Anne Arundel	2	Prince George's	3
Baltimore	5	Talbot	1
Cecil	1	Washington	1
Frederick	1	Wicomico	1
Harford	1		
Howard	1	Total	23

In Baltimore City, 14 hospitals received a permit to operate a pharmacy. Thus, a total of 37 hospitals have a licensed pharmacy. Five nursing homes have received a "limited" pharmacy permit, and one State Penal Institution was also licensed.

From July 1, 1970 through June 30, 1971 permits have been issued to 23 new pharmacies. A total of 34 pharmacies have closed and have not, as yet, been reopened as pharmacies.

The following table shows the number of pharmacies opened, changes in ownership, and closed during the year:

	Opened	Changes in Ownership Corporation, and/or Address	Closed
Counties	22	17	21
Baltimore City	2	11	19
Total	24	28	40

The following table shows the number of pharmacies opened, changes in ownership, etc. and closed in the past ten years:

Fiscal Year	Opened	Changes	Closed
1961-1962	34	31	15
1962-1963	39	45	22
1963-1964	20	38	20
1964-1965	22	34	20
1965-1966	27	46	44
1966-1967	41	27	25
1967-1968	24	37	35
1968-1969	34	19	51
1969-1970	20	21	19
1970-1971	24	28	40

Certificate of Registration Renewals

There are some who are still not aware of the biennial registration renewal which became effective in June 1961. The following shows the renewal periods, the number of new renewals during the past year, and the total renewals to date:

Renewal Period	Renewal During Fiscal Year	Total Renewals
1961-1962	14	2,355
1963-1964	14	2,411
1965-1966	14	2,648
1967-1968	14	2,747
1969-1970	16	2,877
1971-1972	3,032	3,032

Manufacturer's Permits

Permits to manufacture drugs, medicine, toilet articles, dentifrices or cosmetics during 1971 were issued to 47 firms, 37 of which were "limited" permits. An applicant applying for a permit for a newly established company is required to appear before the Board and to furnish all information the Board considers pertinent to the conducting of such operation.

Dangerous Drug Distributors' Permit

The Board issued 130 permits to sell, distribute, give or in any way dispose of dangerous drugs during 1971. It is not necessary for a subsidiary or subsidiaries of a company to have a separate permit, as they are covered under the permit held by the parent company.

Legislation

There were many Bills introduced in the 1971 session of the legislature. However, the following Bills are of most interest to pharmacists and to the Board.

Senate Bill 729

Of particular importance to the Board is the passage of Senate Bill 729, sponsored by Senators Snyder and Schweinhaut. This Bill concerns itself with the qualifications for registration as a pharmacist and raising the fee for application for such registration. This Bill deleted the reference that a person must have had 4 years of experience and substitutes the language, "or has served an internship program regulated by the Board" and raises the fee from twenty-five dollars to "forty dollars." This Bill passed.

261. Who may be registered; proof of qualifications, fee.

Any person of good moral character, who has had four years' actual experience in a pharmacy where physicians' prescriptions are daily compounded, OR HAS SERVED AN INTERNSHIP PROGRAM REGULATED BY THE BOARD and has attained the age of twenty-one years, who shall present satisfactory evidence to the Maryland Board of Pharmacy that he or she has had at least four years standard high school or college of pharmacy approved by the said Board OR *accredited by the American Council on Pharmaceutical Education, as published in their official listing* and who after examination by the said Board shall be by it deemed competent, shall be registered as a pharmacist and be given a certificate of such registration, provided, however, that (not more than three years may be deducted from the four years of actual drugstore experience aforesaid, for the actual time of attendance at a reputable school or college of pharmacy.) OR *an internship program to be regulated by said Board be served.* Such person shall make application to the secretary of said Board at least ten days before any stated meeting of the Board and shall pay to the said Board a fee of *forty* (twenty-five) dollars.

No applicant for examination before the Board of Pharmacy having the other qualifications herein set forth shall be disapproved because he took his course of studies at a night school or college and nothing in this subtitle shall be held to abridge or abrogate the rights and privileges heretofore conferred by law upon any person now registered as assistant pharmacist in this State.

Any person enrolling as a student of pharmacy in any school or college of pharmacy in this State shall, not later than thirty days after so enrolling, file with the secretary of the Maryland Board of Pharmacy, an application for registration as a student of pharmacy in which said application he shall be required to furnish such information as the Board may deem appropriate, and simultaneously with the filing of said application, shall pay to the Board a fee of one dollar; all such students of pharmacy shall, at the beginning of any subsequent school or college year, submit to the said Board a sworn statement of any and all (actual drugstore experience acquired during the preceding vacation months) OR AN *internship experience acquired during the preceding year as requested by the Board.*

Sec. 2. *And be it further enacted,* That this Act shall take effect July 1, 1971.

Explanation: *Italics indicate new matter added to existing law.* (Brackets) indicate matter stricken from existing law.

Senate Bill 110

Senate Bill 110 sponsored by Senator Abrams makes it mandatory that when a pharmacist sells or dispenses any medications on prescription issued by a physician or dentist, he shall affix to the contained in which the medication is sold or dispensed, unless the prescriber indicates that he should not, a label showing the name and strength of the medication prescribed, in addition to all other information required by law. This Bill passed.

254A.

Whenever a pharmacist sells or dispenses any medications on prescription issued by a physician or a dentist, he shall affix to the container in which the medication is sold or dispensed, unless the prescriber indicates that he should not, a label showing the name and strength of medication prescribed, in addition to all other information required by law. In listing the established or trade name, the label shall conform to the name used by the practitioner in his prescription. No person shall alter, deface, or remove any label so affixed so long as any of the original contents remain. Any person failing to observe the provisions of this section is guilty of a misdemeanor, and upon conviction thereof, shall be fined fifty dollars ($50.00). Pharmacists violating this section shall be subject to disciplinary action by the Board of Pharmacy.

SECTION 2. And be it further enacted, That this Act shall take effect July 1, 1971.

Explanation: *Italics indicate new matter added to existing law.* (Brackets) indicate matter stricken from existing law.

Senate Bill 734

Senate Bill 734 was sponsored by Senator Snyder. This Bill sought to change the geographical residency requirement for members of the Maryland Board of Pharmacy and to change the salaries and expenses of members of the Board and to allow for the salaries to be fixed in the Annual State Budget. This Bill failed. It was not reported out of Committee.

257.

The Governor, upon the recommendations of the Secretary of Health and Mental Hygiene, shall appoint five persons to be Commissioners of Pharmacy, said Commissioners to constitute and be known as the Maryland Board of Pharmacy, which Board shall constitute part of the Department of Health and Mental Hygiene. Said Commissioners shall be skilled and competent pharmacists, who have had at least five years' active pharmaceutical experience in compounding and dispensing physicians' prescriptions, and of whom at least four are actively engaged in the practice of pharmacy. None of said Commissioners shall be connected with any school of pharmacy either as teacher, instructor, or member of the board of trustees. (Two of said Commissioners shall be residents of the City of Baltimore, two residents of the counties of the State and the fifth a resident of either the City of Baltimore or the counties of the State.) The persons serving as Commissioners on June 1, 1947, shall continue to serve as such until the expiration of the term for which they have heretofore been appointed and their successors are duly appointed and qualified pursuant to the provisions of this section, and the Commissioners thereafter appointed shall serve as members of said Board for the term of five years. In the case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor, upon the recommendation of the Secretary of Health and Mental Hygiene, shall appoint a successor from a list of pharmacists of three times the number of vancancies to be filled, said list to be submitted by the Maryland Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland.

259.

(The salaries of said Board except the secretary-treasurer shall be $20.00 per day for each member, for each and every day upon which he is engaged upon the duties of the Board and all legitimate expenses incurred in the discharge of his official duties. The secretary-treasurer of the said Board shall receive a salary to be fixed by the Board, and not to exceed one thousand dollars per annum; and all legitimate expenses incurred in the discharge of his official duties.) *The members of the Board shall have the salaries fixed in the annual State budget, and shall receive such reasonable expenses as may be provided in the budget.* All moneys collected under this subtitle shall be paid over the State Treasurer, and shall become general funds of the State. Such moneys shall thereafter be disbursed by the Comptroller only pursuant to an appropriation made in accordance with Sections 32 and 52 of Article 3 of the Constiution or pursuant to the provisions of Sections 1 through 15 inclusive, of Article 15A of this Code, title "Budget and Fiscal Planning," as amended from time to time.

SEC. 2. *And be it further enacted*, That this Act shall take effect July 1, 1971.

EXPLANATION: *Italics indicate new matter added to existing law.* (Brackets) indicate matter stricken from existing law.

Senate Bill 4

Senate Bill 4 was introduced by the President of the Senate. This Bill sought to bring up to date in conformity with the Federal Law the Food, Drug and Cosmetic Law. The Bill expands the sections on adulteration and misbranding. It adds new sections on cosmetic, devices, embargo and new drugs. The Bill was also an administration bill and we were very fortunate to have the Legislative Staff of the Governor to assist us in every phase of the development of the new mini Food, Drug and Cosmetic Law. This Bill represents the first major overhaul of the initial food and drug law and is indeed a landmark in consumer protection as it relates to food, drugs and cosmetics. This Bill passed.

Senate Bill 793.

Senate Bill 793 was introduced by Senator Snyder and sought to amend the Controlled Dangerous Substances Act which was passed during the 1970 legislative session of the General Assembly. The amendments were designed to bring the Maryland Law in conformity to the Federal Controlled Substances Act which became effective May 1, 1971. This Bill passed.

Senate Bill 415

Senate Bill 415 introduced by Senator Crawford sought to remove all codeine preparation now allowable for over the counter sale by the Controlled Dangerous Substances Act of 1970 and to relegate them to prescription use only. This Bill did not come out of Committee, hence did not pass.

Prescription Survey

The following table shows a survey of prescriptions filled in 1970:

PRESCRIPTION SURVEY — 1970

Baltimore City

Average Number New Prescriptions Filled in 83 out of 211 Pharmacies	14,777	
Average Number Prescriptions Refilled in 83 out of 229 Pharmacies	7,595	22,372
Average Price of Prescriptions in 93 out of 211 Pharmacies	$3.54	
Estimated New Prescriptions Filled in 211 Pharmacies	3,117,947	
Estimated Prescriptions Refilled in 211 Pharmacies	1,602,545	4,720,492

Counties

Average Number New Prescriptions Filled in 155 out of 516 Pharmacies	18,981	
Average Number Prescriptions Refilled in 155 out of 516 Pharmacies	13,959	32,940
Average Price of Prescriptions in 155 out of 516 Pharmacies	$3.75	
Estimated New Prescriptions Filled in 516 Pharmacies	9,794,196	
Estimated Prescriptions Refilled in 516 Pharmacies	7,202,844	16,997,040

State

Estimated New Prescriptions Filled in 727 Pharmacies	12,912,143	
Estimated Prescriptions Refilled in 727 Pharmacies	8,805,389	21,717,532

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association which was held in conjunction with the American Pharmaceutical Association was held in San Francisco, California on March 27 - April 2, 1971. The Board was represented by President Norman Levin, Secretary F. S. Balassone and Frank Block.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of the National Association of Boards of Pharmacy, District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia, and West Virginia. The annual meeting was held in Williamsburg, Virginia on October 22-24, 1970. Secretary Balassone was the official delegate of the Board at the meeting.

Secretary-Treasurer, F. S. Balassone was the official delegate of the National Association of Boards of Pharmacy to the annual meeting of the Assiciation of Food and Drug Officials of the United States which will be held in Columbus, Ohio, June 20-25, 1971.

At the Wiley Award Banquet, Secretary F. S. Balassone was awarded and presented the Harvey W. Wiley Award "in recognition of outstanding service and devotion to duty in administering the Food and Drug Laws of his State and the leadership, guidance and inspiration he has provided to his fellow workers throughout the nation." This fitting tribute is indeed the highest attainment any person in this field could aspire to. Secretary Balassone was the first pharmacist ever to receive this award.

Secretary Balassone served as a member of the Awards Committee of the Central Atlantic States Association of Food and Drug Officials of the United States and will attend the annual meeting in Philadelphia, Pennsylvania on May 26-28, 1971.

The Board maintained cooperative activities with the State Department of Health and Mental Hygiene, the

School of Pharmacy - University of Maryland, the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, Federal Bureau of Narcotics and Dangerous Drugs, Food and Drug Administration, City, County and State Police.

Finances

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursement covering the expenses of the Board are paid by voucher by the State Comptroller.

Charge Accounts Increasing . . . Collections Slowing Down . .

One of the excellent services the Maryland Pharmaceutical Association sponsors is a low-cost but most effective collection system. In these times of short profit, collection of receivables is important.

The U. S. Department of Commerce appraises the value of accounts receivable as follows:

Current Accounts — are worth 100c on the dollar
2 Months past due — are worth 90c on the dollar
6 Months past due — are worth 67c on the dollar
1-Year-old accounts — are worth 45c on the dollar
2-Year-old accounts — are worth 23c on the dollar
3-Year-old accounts — are worth 15c on the dollar
5-Year-old accounts — are worth 1c on the dollar

Every day an increasing number of our members are finding the help they need in collecting their DELINQUENT ACCOUNTS, including BAD CHECKS, NOTES, CONTRACTS, and JUDGMENTS, and in most cases for less than half the usual collection fee.

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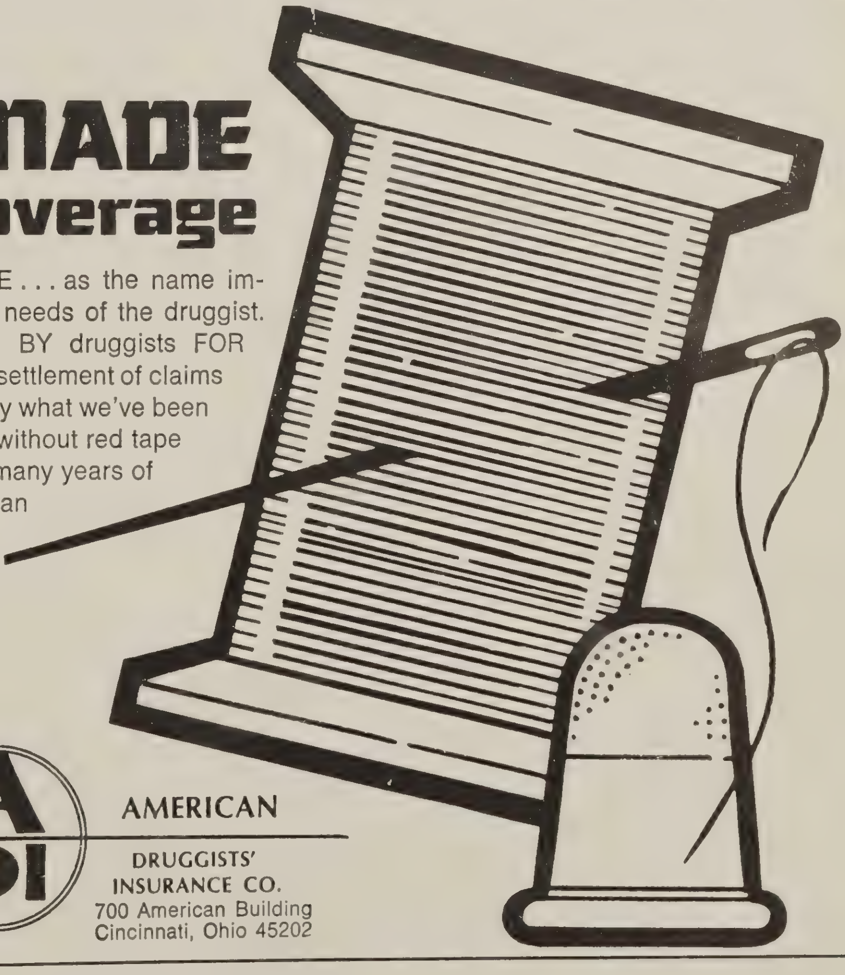

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Baltimore Metropolitan Pharmaceutical Association

Report of Annual Meeting

The Baltimore Metropolitan Pharmaceutical Association held its Annual Meeting on Tuesday, November 30, 1971 at the Kelly Memorial Building in Baltimore.

The meeting was called to order at 10:00 p.m. by President Irvin Kamenetz. The reports of the President, Treasurer, Charles E. Spigelmire, and Secretary, Nathan I. Gruz, were presented and accepted.

Report of Secretary and Executive Director

Nathan I. Gruz

This month marks the tenth anniversary of my tenure as Secretary of the Baltimore Metropolitan Pharmaceutical Association and my eleventh annual report.

Ten years ago the preservation of Fair Trade was the priority issue, followed by the fee schedule of the Medical Care Program. Then Medical Care was the only third-party payment program we had to contend with. The fees were 50c and 70c, $1 and $2 for an average fee of 78c.

Today, third party prescription plans occupy a major portion of the time and effort of organized pharmacy. There are both positive and negative results to report.

As to Medicaid, MPhA recommended a fee of $2.35. The State Department of Health has requested a fee of $2 in next year's fiscal budget. The outcome will depend upon the Department of Budget, the Governor and the Legislature.

We are working strenuously to establish freedom of choice of pharmacy in all programs. We were able to arrange for the participation by all pharmacies in the Esskay prescription plan and work is in progress on other plans presently restricted to one pharmacy organization. Changes were also made in the AFL-CIO Council/Giant Pharmacy program, but the major accomplishment was in establishing the Association office as a clearinghouse for prescription prepayment programs. There are several other proposals under consideration including union plans and Model Cities.

A major public health information accomplishment was in the area of venereal disease. Pharmacy took the initiative in Baltimore and, in fact, the entire state. As a result the local and state health departments and the state medical society has been stimulated to address themselves anew to the V.D. problem. The State Department of Health has now appointed a Task Force on V.D. with Vice President Paul Freiman representing Pharmacy.

During the year, the Association participated in other public health and public relations activities which will be reported by Charles Spigelmire and Paul Freiman. These areas include Poison Prevention, Diabetes Detection, Medical Society exhibits and National Pharmacy Week.

We are proud to say that more cases of diabetes were detected in the screening program through Dreypaks distributed by pharmacists than through tests in the armories.

At our initiative a committee of pharmacists and community representatives has been formed to establish a memorial to Kermit White. He was a dedicated pharmacist, operating a community pharmacy in a place of need and was ruthlessly shot in a holdup. We hope all will respond when called upon to make a memorial to him a reality.

Pharmacists are to be commended for the cooperation in helping to collect funds for restoration of Camp Glyndon. More than $3,200 was turned over as the result of the hard work of Milton A. Friedman and Charles E. Spigelmire.

An important development is the new Professional Experience Program involving many of our members as preceptors. This is an important step in advancing pharmacy professionally and much credit is due our colleagues, Dean Kinnard and Henry Seidman, in initiating the change.

This past year was the first under the MPhA affiliation agreement with APhA. This has involved working with computer printouts, and we hope this will result in greater efficiency when the records are properly integrated. Membership work has required a great deal of effort, but with Mel Rubin and Ron Lubman and their committee devoting themselves to this time-consuming activity, we are ending up with more members than in the year before.

We are receiving many more benefits now from APhA in the way of membership services, information, legal counsel and in certain administrative expenses.

Our major concern, and where I believe we must do a great deal more, is in the area of HMO's—Health Maintenance Organizations—and health centers in general. We must make this *priority one* in the coming year, and I hope we can have a number of you working on this problem in various parts of the Baltimore Metropolitan area.

In closing, I wish to express my appreciation to the group of dedicated officers and committee chairmen with whom I have had the pleasure of working with during the past year. President Kamenetz, President elect Joe Dorsch, Chairman Tony Padussis, as well as the ones I referred to earlier in this report, are conscientious and devoted to pharmacy. They have been supported by many others, especially our hard-working Banquet Ticket Chairman, George Stiffman.

There have been many frustrations, setbacks and destructive roadblocks, but nevertheless it has been gratifying in many ways to have served the pharmacists of the Baltimore area and the entire state this past ten years. I was honored this year by election as President Elect of the National Council of State Pharmaceutical

Association Executives, I hope to make some constructive contributions to the profession of pharmacy nationally.

To the many sincere and devoted members who have helped make it all worthwhile—Thank you.

Committee Reports

The Program Committee report was given by the Chairman, Melvin Rubin. Membership Committee Chairman, Ronald Lubman, reported a membership total of 475 against 465 at the same time last year.

Public Relations Committee Chairman, Charles E. Spigelmire, presented his report.

Joseph U. Dorsch, Chairman of the 1971 Installation Banquet Committee, presented his report.

Paul Freiman, Chairman of the 1972 Installation Banquet Committee, reported that all arrangements for the 1972 Banquet had been completed. The Banquet will be held on January 30, 1972 at the Blue Crest North in Pikesville.

Mr. Freiman, who is also Chairman of the Public Health Information Committee, reported on the increased recognition of Pharmacy in the area of Venereal Disease education. He was appointed to the State Department of Health's V.D. Task Force.

Election of Officers

The Nominating Committee report was presented. Charles E. Spigelmire moved that nominations be closed. The Officers and Executive Committee members were elected unanimously as per the slate presented by the Nominating Committee.

Honorary President—Philip Levin
President—Joseph U. Dorsch
President Elect—Paul Freiman
Vice Presidents—Ronald Lubman
Melvin Rubin
Henry G. Seidman
Secretary—Nathan I. Gruz
Treasurer—Charles E. Spigelmire

Executive Committee

Irvin Kamenetz, Chairman

Gerald Freedenberg
Herman Glassband
Harold Holmes
Mark Levi
John Padousis
Ralph T. Quarles
Harry R. Wille
Stanley J. Yaffe

The Nominating Committee submitted its list of nominees to the House of Delegates. Mark Levi nominated I. Dennis Klein from the floor.

The following delegates and alternates received the largest number of votes and were declared elected.

Delegates (22)

Mary W. Connelly
Joseph U. Dorsch
Gerald Freedenberg
Herman Glassband
Wilfred H. Gluckstern
Robert Kabik
Irvin Kamenetz
I. Dennis Klein
Mark Levi
Barry Levin
Harold Levin
Norman J. Levin
Ronald Lubman
Jerome Mask
John Padousis
Ralph T. Quarles
Melvin Rubin
Alder Simon
Charles E. Spigelmire
H. Nelson Warfield
Harry R. Wille
Stanley J. Yaffe

Alternates (22)

Morton Abarbanel
John Ayd
Harry Bass
Frank Block
Jerome Block
James P. Cragg
Irving Galperin
Henry Glaeser
Marvin Goldberg
David D. Greenfeld
Harold Holmes
Sidney R. Klavens
Richard Metz
William Morgenstern
David S. Pearlman
Morton Pollack
Stanley Protokowicz
Allan B. Shenker
Morton Silverstein
George Stiffman
Charles Wagner
Maurice Weiner

Paul Freiman, MPhA Legislative Committee Chairman, conducted a discussion of the MPhA proposal for drug product selection by pharmacists through amendment of the State "antisubstitution" laws.

The meeting adjourned at 11:30 p.m.

A.Z.O. News

Kappa Chapter Hosts Regional Convention

Kappa Chapter hosted the Fall Regional Convention of the Alpha Zeta Omega Pharmaceutical Fraternity held on November 5, 6 and 7 at the Hunt Valley Inn, Cockeysville, Maryland. The convention included business meetings and several social functions. National President Mitchell Ross presided. Gerald Freedenberg is the President of Kappa Chapter.

The highlight of the meeting was the Awards Banquet held on November 6 at which Dr. William J. Kinnard, Jr., Dean of the University of Maryland School of Pharmacy, was presented an honorary membership in the A.Z.O. Fraternity.

Fifty-year service pins were presented to Samuel Block, Nathan Cohen and Morris Schenker. Receiving 25-year service pins were: Max Ansell, Morton Cohen, Albert Friedman, Irving Pruce, Stuart Shpritz, Paul Siegel, Samuel Robbins, Benjamin Scheinin, Morris Walman and Irvin Zerwitz.

The Spring Regional of A.Z.O. will be held in Louisville, Kentucky, and the National Convention, in Miami on July 23.

A.Z.O. Men in the News

Morris Walman has been appointed to the Maryland State Drug Abuse Administration. Gerald Freedenberg, Donald Schumer and Harry Bass have been appointed to the School of Pharmacy Task Force for Third-Party Payments. Paul Freiman has been appointed to the Maryland State V.D. Task Force.

Names In The News

MPhA member Ernest J. Gregg, proprietor of Gregg's Pharmacy in Oakland, Maryland, is the current foreman of the grand jury in Garrett County.

Maryland Society of Hospital Pharmacists

On November 11, 1971, the Maryland Society of Hospital Pharmacists met at the Officers Club of the U.S. Public Health Service Hospital in Baltimore. President Mary Connelly introduced the speaker, Dr. Samuel L. Fox, Director of Ophthalmology and Chief of Ophthalmology Services at South Baltimore General Hospital. Doctor Fox discussed ocular therapy, both present and future.

Following a question-and-answer period President Connelly called the business meeting to order. Samuel Lichter, Program Chairman for the Society's Seventh Annual Hospital Pharmacy Seminar, reported that F. Regis Kenna, Director of University of Chicago Hospital and Clinics, and Paul Burkhart, Assistant Chief Pharmacist, University of Maryland Hospital, have been added to the list of speakers. Harry Hamet, Financial Chairman for the 1972 Seminar, reported on the status of requests for financial assistance.

Monthly meeting Program Chairman, Paul Burkhart, announced that the December 9 meeting will be held at the University of Maryland Hospital. Dr. William S. Spicer, Associate Dean, Health Care Programs, University of Maryland School of Medicine, will discuss "The Changing Health Care System." A meeting will be held on January 13, 1972, at St. Agnes Hospital.

Dr. Peter P. Lamy, Chairman of the Peer Review Committee, gave his report. Various upcoming meeting announcements were made by President Connelly. Darryl Zellers will be a speaker at the Virginia Society of Hospital Pharmacists Seminar on November 13, 1972.

The Guidelines Committee, consisting of Chairman Robert E. Snyder, Henry J. Derewicz, Morris Bookoff, Wilfred H. Gluckstern, and Mary W. Connelly, ex-officio member, will meet with Attorney Joseph S. Kaufman, legal counsel for the Maryland Pharmaceutical Association.

Allan Jaskulski has been appointed to represent the Society on a Committee for Third-Party Prescription Payments chaired by Dr. Dean E. Leavitt. A position has been created for a Society member to review M.S.H.P. meetings and other functions and assign credit hours for continuing education purposes.

Applicants Josehp P. Crisalli and Charles J. McTeague, were approved for membership. President Connelly expressed appreciation to the evening's host, Kent Johnson, Director of Pharmacy Service, U.S.P.H.S. Hospital, who introduced his three hospital pharmacy residents to the group.

City Tuberculosis Cases on Decrease

For the first time since records were kept, the number of cases of tuberculosis occurring in the City of Baltimore is less than half the total for the whole state. This was noted in the Weekly Communicable Disease Report of the Maryland State Department of Health for the week ending August 26 in which the state total was given as 584 cases whereas the city figure was 290. It is encouraging to reflect that the City of Baltimore is making progress in the control of this disease which has for many years given the city an undesirable record.

Philatelic Recognition for Pharmacists Announced

The United States Postal Service announced that a postage stamp in tribute to the service role played by the nation's pharmacists will be issued next year. The commemorative stamp will be issued next year. The commemorative stamp will be keyed to "Partners in Health."

As the Postal Service points out, a stamp was issued honoring physicians in 1947, the centennial of the American Medical Association; and a stamp was issued in 1959 saluting the centennial of the American Dental Association. Furthermore nurses had their stamp in 1961, and earlier this year America's hospitals were commemorated with a postal card.

Design of the pharmacy stamp and date and place of issuance will be announced later, concluded the U. S. Postal Service.

APhA President Lloyd M. Parks has written the U. S. Postal Service commending this announcement, pointing out that the American Pharmaceutical Association has long been active in seeking a commemorative U. S. postage stamp honoring the profession of pharmacy. As early as 1934, APhA officially endorsed an effort to issue a commemorative postage stamp on the occasion of opening the American Institute of Pharmacy (headquarters of the American Pharmaceutical Association) in Washington, D.C.

In 1939 APhA supported organized efforts to commemorate the 120th anniversary of the *United States Pharmacopeia* and in the late 1940's, a concerted effort was made to commemorate the centennial anniversary of the American Pharmaceutical Association. In 1966, APhA proposed two deserving anniversaries for a commemorative postage stamp (the 150th anniversary of the birth of William Proctor, Jr., the "father of American pharmacy") or the 100th anniversary of the founding of the first (Maine) state pharmaceutical association.

Then, in 1969, APhA again proposed two equally suitable occasions for a commemorative postage stamp—the 150th anniversary of the *United States Pharmacopeia* (for 1970) or the 150th anniversary of the founding of the first pharmaceutical association in the U.S. which eventually became the first school of pharmacy — the Philadelphia College of Pharmacy and Science (for 1971). Motivated by the remarks made on the floor of Congress by Senator Robert P. Griffin (R-Mich) on April 26, 1971, APhA lent its full support to the most recent efforts initiated by Irving Rubin, editor of *Pharmacy Times.*

Dr. Parks offered the U.S. Postal Service the services of the American Pharmaceutical Association to assist in the design, and urged that the First Day of Issue be held during the 120th anniversary of the American Pharmaceutical Association's Annual Meeting in Houston, Texas, April 22-28, 1972.

More Than 1200 Attend FIP Sessions

More than 1,200 pharmacists and pharmaceutical scientists from throughout the world gathered in Washington, D.C. on September 7-12 to attend FIP's 31st International Congress of Pharmaceutical Sciences. This was the first meeting of the International Pharmaceutical Federation ever held in the United States.

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Obituaries

Dr. Elvin E. Goffdiener

Dr. Elvin E. Goffdiener, 64, a 1926 graduate of the University of Maryland School of Pharmacy who later became a radiologist, died on June 21 at Poughkeepsie, New York.

Raymond M. Morstein

Raymond M. Morstein, 61, a 1931 graduate of the University of Maryland School of Pharmacy, died on November 15.

Raymond S. Porterfield

Raymond S. Porterfield, 74-year-old pharmacist, died on November 13. A brother, M. Perry Porterfield, is a practicing pharmacist in Hagerstown.

Harry C. Lewis

Harry C. Lewis, 82, 1911 graduate of the University of Maryland, School of Pharmacy, died on November 23 in Cumberland.

The Hart Bill

Senator Philip Hart reintroduced his bill in this year's session "To regulate trade in drug and devices by prohibiting the dispensing of drugs and devices by medical practitioners and their participation in profits from the dispensing of such products, except under certain circumstances and for other purposes." In the new version there will be a prohibition of physicians ownership in HMO's pharmacies.

You are urged to write, wire or call Senators Charles McC. Mathias, Jr., and J. Glenn Beall, The U.S. Senate, Washington, D.C. 20510, urging their support.

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